

Care Quality Commission

Inspection Evidence Table

Apsley Surgery (1-544190023)

Inspection date: 4 February 2020

Date of data download: 17 January 2020

Overall rating: Requires improvement

We have rated the practice as requires improvement over all because:

- Care and treatment were not always provided in a safe way to patients.
- Effective systems and processes to ensure good governance in accordance with the fundamental standards of care were not fully established.
- Specified information regarding each person employed was not always available.

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

Safe

Rating: Inadequate

We rated the practice as inadequate in safe because:

- There were gaps in staff training. For example, safeguarding, fire safety, fire marshal and infection control.
- All the required risk assessments had not been completed to mitigate potential risks.
- Alerts had not been added to the records of the parents of a child with a child protection plan in place.
- All the required recruitment documents were not available for all members of staff employed by the practice. DBS checks or risk assessments to mitigate potential risks had not been completed for non-clinical staff who chaperoned.
- A formal system of clinical review of the prescribing competence of three non-medical prescribers was not in place. However, following our inspection the practice forwarded to us evidence of how this would be completed.
- Opportunities to raise significant events had been missed. A system for recording and reviewing significant events over time to identify trends was not in place.
- Not all staff had received the immunisations appropriate to their role. Used sharp's boxes had not been collected within three months after first use, even if not full.
- Sharps boxes were not available at the branch practice.
- The in-house fire risk assessment completed for the branch practice had failed to identify two risks.
- Fire drills had not been carried out at the branch practice.
- The legionella risk assessment for the branch practice showed there were 12 areas that need to be addressed. However, there was no evidence to demonstrate that 11 of these had been completed.
- The system for tracking prescription stationery throughout the branch practice was not effective.

- The practice did not hold all the suggested emergency medicines at the main or branch practice.
- Oxygen and a defibrillator were not available at the branch site. A risk assessment to mitigate potential risks to patients had not been completed.

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Most staff had completed safeguarding training at a level appropriate to their role. However, a non-clinical member of staff had not completed any safeguarding training and three members of staff had not completed an update within the timeframe specified by the practice. • Alerts were added to the records of vulnerable adults and children. However, we reviewed the records of a child with a child protection plan in place and found that alerts had not been added to the records of their parents. • DBS checks had not been completed for non-clinical staff. Non-clinical staff acted as chaperones when a nurse was not available. Risk assessments had not been completed to demonstrate how potential risks would be mitigated. The practice told us that they planned to introduce DBS checks for new staff employed by the practice and planned to carry out retrospective DBS checks for current staff without a DBS check. • The practice was unable to hold regular meetings with health and social care professionals, to discuss all vulnerable adults and children at risk of harm. Changes in the management of the local health visiting service meant that regular face to face meetings between health visitors and the practice no longer took place. The practice called health visitors and school nurses when they needed to discuss a concern, for example when children frequently failed to attend childhood 	

Safeguarding	Y/N/Partial
immunisations. The practice had held regular meetings with health and social care professionals to discuss the care for patients nearing the end of their lives however, the practice told us that allied professionals they had invited did not always attend these meetings.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	No
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed the records of three members of staff. We found that a full employment history was not available for two members of staff, health assessments had not been completed for all three members of staff and risk assessments had not been completed for staff without a DBS check in place. Not all staff had received the immunisations that were appropriate to their role. For example, non-clinical staff had not received immunisations for hepatitis B. Risk assessments had not been completed to mitigate potential risks to staff and patients. 	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test:</p> <p>Main practice: 24 January 2020</p> <p>Branch practice: 26 November 2019</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p> <p>Main practice: 31 October 2019</p> <p>Branch practice: 31 October 2019</p>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check:</p> <p>Main practice: January 2020</p> <p>Branch practice: 6 June 2019</p>	Yes
There was a log of fire drills.	Partial

Date of last drill: Main practice: 14 May 2019 Branch practice: Not carried out.	
There was a record of fire alarm checks. Date of last check: Main practice: 30 January 2020 Branch practice: 30 January 2020	Yes
There was a record of fire training for staff. Date of last training: various.	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: Main practice: 5 February 2020 Branch practice: 17 December 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Fire drills had not been carried out at the branch practice. • The fire marshal at the branch practice had not completed appropriate training to carry out this role. Not all staff had completed fire safety training. • An in-house fire risk assessment was completed at the main practice the day after our inspection. • The in-house fire risk assessment completed for the branch practice had failed to identify that fire drills had not been completed or that the fire marshal had not received the appropriate training to carry out the role 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Main practice: 23 October 2019 Branch practice: 13 July 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Main practice: various Branch practice: various	Yes
Explanation of any answers and additional evidence: <p>Main Practice: Legionella risk assessment: 22 October 2019 Gas safety: 26 February 2019 Five-year fixed wire testing: 12 April 2019 Emergency lighting: 9 November 2019</p> <p>Branch Practice: Legionella risk assessment: 15 October 2019 (forwarded to us following our inspection) Gas safety: 3 December 2019</p>	

Five-year fixed wire testing: 22 May 2018

Emergency lighting: 16 January 2020

- The practice did not have access to the legionella risk assessment for the branch practice on the day of our inspection and were not aware of any issues identified in it. They forwarded a copy to us following our inspection. We reviewed the legionella risk assessment and found that 12 defects which contravened current legal guidance and required action to rectify them had been identified. Of these, one action was rated as urgent and five were rated as high. There was no evidence to demonstrate that 11 of the required actions had been taken.
- We reviewed the practice's 'Lone Working' policy and saw that when staff worked alone, a risk assessment was required to be completed. However, an appropriate risk assessment for lone workers had not been completed to mitigate potential risks.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Main practice: 23 May 2019 Branch Practice: An audit had been completed in 2019 but the exact date was not recorded.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We found that used sharps boxes had not always been collected within three months after first use, even if not full. For example, we found a sharps box still in use at the main practice which was dated 3 July 2019. Sharps boxes were not available at the branch practice.	

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

There were gaps in the practice's 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) <small>(NHS Business Service Authority - NHSBSA)</small>	0.83	0.97	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) <small>(NHSBSA)</small>	2.8%	6.9%	8.5%	Significant Variation (positive)
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) <small>(NHSBSA)</small>	4.34	5.22	5.60	Variation (positive)
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) <small>(NHSBSA)</small>	1.55	2.10	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	No controlled drugs
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	No
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice proactively monitored and reviewed their prescribing of antibiotics in line with national guidance. We found that their prescribing of differing groups of antibiotics was below the local and national averages. <p>However:</p> <ul style="list-style-type: none"> The system for tracking prescription stationery throughout the branch practice was not effective. A formal system of clinical review of the prescribing competence of three non-medical prescribers was not in place. However, following our inspection the practice forwarded to us evidence of how this would be completed. The practice did not hold all the suggested emergency medicines at the main or branch practice. For example, medicines used in the treatment of nausea and vomiting, epilepsy, croup, severe pain and left ventricular failure. The appropriate adult dosage of a medicine needed in the treatment of suspected bacterial meningitis was not available at either practice. There was a high rate of patients registered with the practice who abused substances including opiates. A medicine to reverse the effects of opiates was not available at the practices. Risk assessment had not been completed to demonstrate how risks to patients would be mitigated. On the day of our inspection the practice ordered the medicines for the treatment of bacterial meningitis and epilepsy. They completed a risk assessment for two of the other medicines however, one did not adequately explain how patients at risk of overdose from opiates would be kept safe. Oxygen and airway management equipment for children were not available at the branch site. A risk assessment to mitigate potential risks to patients had not been completed. A defibrillator was not available at the branch site. A risk assessment to mitigate potential risks to patients had not been completed. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	Four
Number of events that required action:	Two
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was a system in place for reporting significant events. However, we found opportunities to raise significant events had been missed. For example, we saw that the manufacture's temperature range for the storage of vaccines had been exceeded for four and a half hours in August 2019. The practice was able to demonstrate that appropriate action had been taken in line with their cold chain policy however, the incident had not been reported or investigated as a significant event. There was no learning identified from the event. We saw that the temperature range within the same fridge had been exceeded again in October 2019 and again in February 2020. The event in October 2019 was reported and investigated as a significant event. A system for recording and reviewing significant events over time to identify trends was not in place. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The vaccine fridge temperature had exceeded the manufacture's recommended temperature range of 2-8 degrees Celsius.	The practice checked the data logger which demonstrated the length of time the range had been exceeded and contacted the vaccine manufactures for advice. The vaccines were marked and dated in case of another incident. The practice changed their practice so that the vaccines were removed from the affected fridge to another fridge at the start of each day whilst the affected fridge was examined.
A patient attacked a GP.	The patient was apprehended, and the police and ambulance were called. Following the incident, a staff debrief was held and counselling offered. A risk assessment of the reception area, consulting rooms and panic buttons was made. Changes to the layout of rooms were made where it was appropriate to do so. Security arrangements were reviewed and working hours amended.

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

Effective

Rating: Requires improvement

We rated the practice as requires improvement because we rated two population groups as requires improvement. In particular:

Families, children and young people:

- The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators. The uptake of the immunisation for haemophilus influenza type b and meningitis C booster was significantly below target.

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

- Screening rates for breast cancer and bowel cancer were below local and national averages.
- Cervical screening rates were significantly below the national target.

Effective needs assessment, care and treatment

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

Explanation of any answers and additional evidence:

- Guidelines, for example the National Institute for Health and Care Excellence (NICE) guidelines, were shared with clinical staff through emails. Practice nurses were able to demonstrate how they implemented local and national guidelines. However, formal clinical meetings to discuss new or updated guidelines were not held because GP cover was mainly provided by locum GPs. Due to other work commitments, the GP partner only provided sessions 7.20am till 9am four days a week. This would increase in three months' time when the GP would be able to increase their hours. The GP partner told us they were aware of the need to discuss guidance and planned to do this through in-house GP appraisals.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.32	0.79	0.74	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Prior to our inspection, we spoke with a manager from a care home where the practice provided care and treatment. They told us that patients were offered annual health reviews and 'do not attempt cardiopulmonary resuscitation' directions were reviewed as required with families and the patient if appropriate to do so. They told us that the practice provided care and treatment for all the patients living at the home which ensured better continuity of care.
- The practice's prescribing of medication to aid sleep was below the local and national averages.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review in the month of their birthday to check their health and medicine needs were being met.
- 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.
- Patients with asthma were offered an asthma management plan.

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>	83.2%	75.8%	79.3%	No statistical variation
Exception rate (number of exceptions).	24.6% (103)	10.1%	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>	82.3%	76.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	9.5% (40)	7.8%	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>	89.2%	84.1%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	15.8% (66)	10.1%	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>	78.8%	75.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.3% (7)	5.6%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in	90.2%	89.0%	89.6%	No statistical variation

the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	7.4% (13)	8.5%	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)	86.5%	82.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (29)	3.1%	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)	94.2%	91.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	1.4% (1)	3.9%	5.9%	N/A

Any additional evidence or comments

- QOF indicators for patients with long-term conditions were comparable with local and national averages. However, the exception rates for two of the indicators for patients with diabetes were above average. The practice was aware of this and had employed a diabetic specialist nurse to address it. The practice was working with patients to promote greater awareness of how to manage diabetes. For example, the practice nurse provided patients with information leaflets, regarding the management of diabetes, in their own language.

Families, children and young people

Population group rating: Requires improvement.

Findings

- The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators. The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators. The uptake of the immunisation for haemophilus influenza type b and meningitis C booster was significantly below target.
- 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.
- 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
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				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)	74	86	86.0%	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)	76	93	81.7%	Below 90% minimum
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)	73	93	78.5%	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)	75	93	80.6%	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

The practice was aware that the childhood immunisation uptake rates were below the local and national averages. We saw that there was a recall system in place to follow up children who failed to attend for immunisations and that the practice contacted the health visitor when it was appropriate to do so. The practice nurse explained how they provided health promotion advice to encourage parents to bring children for their immunisations. They told us that patients registered with the practice after moving to the UK from another country. Often, immunisation histories were not available for this group of children.

Working age people (including those recently retired and students)

Population group rating: Requires improvement.

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	65.6%	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)	63.2%	71.9%	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)	44.6%	53.5%	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)	83.3%	69.2%	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)	60.0%	54.7%	53.8%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice's cervical screening uptake rate was significantly below the national target of 80%. To try to address this issue, the practice had employed an additional practice nurse one day a week to target this group of patients. Alerts were added to the records of patients that had not attended for the screening to promote opportunist screening when patients attended the practice for other health concerns. Screening rates for breast and bowel cancer were below local and national averages. The practice maintained a list of patients that failed to attend for the screening and called them to encourage patients to attend.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> Same day appointments and longer appointments were offered when required. All patients with a learning disability were offered an annual health check. End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The practice demonstrated that they had a system to identify people who misused substances.

- A GP worked closely with community leaders to safeguard vulnerable people from being radicalised in supporting terrorism or becoming terrorists themselves.

**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.
- The practice provided care and treatment under a shared care agreement for men experiencing poor mental health at a specialist, high dependency inpatient rehabilitation service. Prior to our inspection we spoke with a manager of the service. They told us that the practice provided annual health reviews for patients living at the service. They told us that the GP worked closely with the psychiatric doctors at their service and discussed the care needs of patients.

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)	97.1%	87.5%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	13.8% (11)	8.9%	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)	94.7%	91.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.3% (5)	6.4%	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)	89.6%	83.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	7.7% (4)	6.2%	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)	549.0	540.9	539.2
Overall QOF score (as a percentage of maximum)	98.2%	96.8%	96.7%
Overall QOF exception reporting (all domains)	7.7%	5.9%	5.9%

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

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

Following a Medicines and Healthcare products Regulatory Agency (MHRA) alert, the practice carried out a search of patients prescribed simvastatin and amlodipine to ensure that the appropriate dosages were prescribed. The first search identified 16 patients of which one was prescribed an inappropriate dose, the second search identified 18 patients of which two patients were prescribed an inappropriate dose. The practice recalled the patients for a medicine review and amended their medicines in line with local medicine optimisation best practice guidance.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Not applicable
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> A formal system of clinical review of the prescribing competence of three non-medical prescribers was not in place. We spoke with an advanced nurse practitioner who told us that a formal system of audit of their consultations and prescribing was not in place. The new GP partner and clinical pharmacist told us that they had discussed this prior to our inspection and planned to introduce a formal system. Following our inspection, the practice forwarded to us evidence of how this would be completed. 	

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)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice worked closely with the palliative care team and a large local care home to support patients receiving palliative care.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice offered patients smoking cessation advice and lifestyle checks. 	

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>	96.9%	96.1%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (11)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	19
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	Patients told us that staff were helpful, respectful and understanding and that they were treated with dignity and respect. They described the practice as amazing, excellent and top class. We received one comment card with mixed feedback about the service regarding a caring service, but they did not always feel their child's needs were met.
Choices website.	There were three positive comments regarding a practice nurse and helpful and supportive staff. There was one negative comment regarding pain caused during a procedure.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6293.0	468.0	109.0	23.3%	1.73%

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)	71.4%	88.2%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	79.0%	87.0%	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)	85.8%	95.4%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	74.9%	83.2%	82.9%	No statistical variation

Any additional evidence or comments

The national GP survey results showed low patient satisfaction in two indicators. The practice told us there had been many challenges within the practice over the previous year. It was clear through discussion with the leaders that they understood the challenges and had plans in place to improve patient satisfaction in these areas. For example, a new GP partner had joined the practice and was working with community leaders and the local mosque to improve the confidence and trust in the healthcare team.

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

Any additional evidence

- The practice participated in the Friends and Family test. Over the last three months 259 patients said they would recommend the practice to friends and family, six said they did not know and 34 said they would not recommend it.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used a translation service for patients whose first language was not English. Longer appointments were provided to facilitate this. Health care information and literature was available in different languages. The GP proactively engaged with patients living in a local care home and their families when making decisions about their end of life care. 	

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)	90.5%	92.9%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A GP partner spoke various other languages. For example, Urdu, Punjabi and Hindi. 	

Carers	Narrative
Percentage and number of carers identified.	332 carers which was 5.2% of the practice population.
How the practice supported carers (including young carers).	Carers were encouraged to inform the practice through their practice newsletter if they were a carer.
How the practice supported recently bereaved patients.	The practice told us they had a holistic approach to end of life care. The GP always phoned the family before issuing the death certificate to discuss the cause of death and help to promote closure.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Cobridge Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	8am – 6.30pm
Friday	7.30am – 6.30pm
Appointments available:	
Monday	7.30am – 6pm
Tuesday	7.30am – 5.30pm
Wednesday	7.30am – 5.30pm
Thursday	9am – 6.30pm
Friday	7.30am – 5.30pm

Norton Clinic Practice Opening Times (nurse appointments only)	
Day	Time
Opening times:	
Monday	8am-12pm and 3pm – 6pm
Tuesday	8am-12pm and 3pm – 6pm
Wednesday	Closed
Thursday	8am-12pm and 1.30pm – 5pm
Friday	1.30pm – 5pm
Appointments available:	
Monday	Not available.
Tuesday	8.30am – 12pm
Wednesday	Not available.
Thursday	2pm – 5pm
Friday	Not available.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6293.0	468.0	109.0	23.3%	1.73%

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)	84.5%	95.0%	94.5%	Variation (negative)

Any additional evidence or comments

The national GP survey results showed lower than average patient satisfaction in meeting the needs of patients. The practice told us there had been many challenges within the practice over the previous year. It was clear through discussion with the leaders that they understood the challenges and had plans in place to improve patient satisfaction in these areas. For example, a GP provided early morning appointments, a diabetic nurse specialist had been employed to meet the needs of patients with diabetes and a practice nurse had been employed one day a week to carry out cervical screening.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Prior to our inspection we spoke with a manager from a local care home where the practice provided care and treatment. They told us that the practice was responsive to their request for home visits and repeat prescriptions were available on time.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Patients with a long-term condition were recalled for an annual review in the month of their birthday.
- The practice used text messaging to remind patients of the date and time of their health review.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: **Good**

Findings

- GP appointments were available from 7.30am Monday to Friday, excluding Thursday, so school aged children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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, GP appointments were available from 7.30am Monday to Friday, excluding Thursday and telephone consultations were available from 7.20am.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice provided care and treatment under a shared care agreement for men experiencing poor mental health at a specialist, high dependency inpatient rehabilitation service. Prior to our inspection we spoke with a manager of the service. They told us that the practice was responsive to their requests and provided appointments at times to suit the needs of patients.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	75.1%	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)	66.8%	68.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	65.4%	66.5%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	73.3%	76.0%	73.6%	No statistical variation

Any additional evidence or comments

Indicators from the GP national patients survey showed that patient satisfaction with access to appointments was comparable with local and national averages.

Source	Feedback
CQC comment cards.	Three of the CQC comment cards we received from patients commented positively regarding ease of access to appointments.

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.	12
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	No
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients were not supported to complain because information was not readily available in the reception area. • A system for reviewing complaints over time to address any trends was not in place. 	

Example of learning from complaints.

Complaint	Specific action taken
A clinician showed a lack of empathy during a consultation.	The practice offered an apology and offered to meet with the patient however, the patient did not respond to the offer.

Well-led

Rating: Requires improvement.

We have rated the practice as requires improvement in well-led because:

- Systems for identifying, managing and mitigate risks were ineffective.
- Governance meetings including clinicians had not been established.
- An overarching system to review trends in significant events and complaints over time was not in place.
- Staff did not know or understand the practice's vision, values and strategy.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had been subject to several challenges and partnership changes over the last few years. Despite the challenges faced within the practice and within the local community it served, leaders were navigating the practice through a period of uncertainty and change.• Leaders explained to us the succession plans they were exploring to ensure the deliverance of future services within the practice.	

Vision and strategy

The practice had a vision and was developing a 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.	Partial
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Leaders told us that they wanted the practice to be a family practice that met the needs of older and younger patients alike. Their mission statement, 'A family practice caring for you and your family', was displayed on the walls of the practice. However, staff we spoke with were not clear	

about the practice's vision and values. Recent changes in the partnership had brought new ideas. A strategy had not been formally developed however, it was clear through discussions with the partners that they were developing the strategies they needed to put in place to achieve their priorities and promote sustainability within the practice.

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Following a serious incident when a patient violently attacked a GP, security had been reviewed at the main practice and appropriate changes made. However, we found that a risk assessment for a lone worker had not been completed and actions to mitigate potential risks had not been identified or implemented. 	

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

Source	Feedback
Interviews with staff.	Staff told us that there was an open, transparent and caring culture within the practice.

Governance arrangements

There were clear responsibilities and staff roles however, systems of accountability to support good governance and management were not in place.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Meetings between the nursing and administration teams were held on a weekly basis. However, governance meetings including GPs had not been established. 	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff had received training and were aware of the processes to follow if a patient presented at the practice with potential infection from the coronavirus. <p>However, we found that systems for identifying, managing and mitigate risks were ineffective. Risk assessments had not been completed in several areas to mitigate risks to staff and patients. In particular:</p> <ul style="list-style-type: none"> Staff without the required immunity to healthcare associated infections. Lone working. Lack of DBS checks for non-clinical staff particularly staff that chaperoned. Missing suggested emergency medicines at both the branch and main practice. 	

- No oxygen or airway management equipment for children at the branch practice.
- No defibrillator at the branch practice.
- The in-house fire risk assessment at the branch practice had failed to identify that regular fire drills had not been completed or that the nominated fire marshal had not completed appropriate training to carry out this role.
- The legionella risk assessment for the branch practice showed there were 12 areas that need to be addressed. However, there was no evidence to demonstrate that 11 of the areas had been completed.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had submitted statutory notifications to the Care Quality Commission when it was appropriate to do so. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were systems and forms in place to support safe patient access to GP online services. We saw there were age specific proxy online access forms to support this. 	

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was proactively trying to increase the number of members in the PPG to include a diverse range of people so that it was representative of the practice population. • The Clinical Commissioning Group told us that the practice engaged well with them. • The practice took an active role in the newly formed Primary Care Network. 	

Feedback from Patient Participation Group (PPG).

Feedback
Prior to our inspection, we spoke with a member of the PPG. They told us that they felt valued by the practice and that the practice listened to their suggestions. For example, the PPG had suggested that the television information screen in the waiting room did not provide appropriate information for patients. In response to this, the practice updated the health promotion information they displayed on the screen.

Any additional evidence
The practice participated in the Friends and Family test. Over the last three months 259 patients said they would recommend the practice to friends and family, six said they did not know and 34 said they would not recommend it.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • An overarching system to review trends in significant events and complaints over time was not in place. 	

Examples of continuous learning and improvement

- Three months prior to our inspection, a new GP partner had joined the practice. It was clear through discussion with the partner that they understood the challenges within the practice and had started to implement new initiatives. For example, they had recruited a diabetic specialist nurse to address the high exception reporting of patients with diabetes, a clinical pharmacist to ensure the safe prescribing of medicines and an additional practice nurse to target the low uptake of cervical screening.
- The practice was exploring the use of face to face video consultations with local care homes.
- The GP partner worked closely with community leaders to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.
- The practice had plans to provide a spirometry service for other practices within the Primary Care Network.
- The practice had made significant improvements in the management of end of life care at a local care home.

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

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

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

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

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

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

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

Glossary of terms used in the data.

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