

Care Quality Commission

Inspection Evidence Table

Beaumont Leys Health Centre (1-2822986071)

Inspection date: **30 October 2019**

Date of data download: 27 October 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/2019.

Safe

Rating: Requires Improvement

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

- The chaperone procedure did not indicate that staff should position themselves where they can see the patient and what the nurse or doctor was doing.
- Staff recruitment practices were not consistently followed and there were gaps in the staff recruitment documents available in staff files.
- There was a lack of records to demonstrate that the provider had ensured that all staff were up to date with immunisations relevant to their role.

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.	Yes
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.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinical staff, including nurses had completed level three safeguarding training for both children and vulnerable adults. Some non-clinical staff had completed safeguarding training at level two. However, the healthcare assistant had only completed the training at level one. The provider told us that planned dates had been set for all staff to complete updated face to face safeguarding training shortly. • The safeguarding policy included current safeguarding issues such as female genital mutilation (FGM) and modern-day slavery. Vulnerable adults and children's policies and procedures were available in hard copy and on the shared drive. • The chaperone policy stated that staff must stand inside the curtain but did not indicate that staff should position themselves where they can see the patient and what the nurse or doctor was doing. Staff spoken with were clear about the role of a chaperone. • Safeguarding posters were displayed in clinical and administration areas at the practice. • Safeguarding concerns were transferred and coded into the patient's electronic information records, which included any alerts. • The practice maintained safeguarding registers for both children and vulnerable adults. The practice ensured that its registers were reviewed and reconciled regularly to ensure information on patients was live, current and accurate. The register was discussed at varied meetings held at the practice which included for example, multidisciplinary and clinical meetings. • The practice children's safeguarding registers were linked to parents and identified any associated children/siblings and included children at risk of FGM. • The provider carried out an audit over a three-month period in 2018 to ensure practices completed reports for child protection conferences in a timely manner. The standard to be achieved was 95% of reports would be completed within seven days of request. The outcome of the audit showed that 100% of requested reports were sent to the child protection team within seven days. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
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 five staff files and found that safe recruitment check processes were not consistently followed. This was evident in the files held for nurses who had not yet transferred to the employment of the provider Spirit Healthcare. Inconsistencies were also noted in files where staff were employed by the provider. Shortfalls included the absence of signed and dated contracts and confidentiality statements. Training records we reviewed showed that staff had received training in confidentiality and this was confirmed by staff we spoke with. • Staff files were not organised so that relevant documents were readily and easily accessible. We saw that files were poorly organised which made them difficult to access. • Disclosure and Barring Service (DBS) checks were completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where 	

they have contact with children or adults who may be vulnerable). Non-clinical staff who undertook chaperone roles had DBS checks completed and had received chaperone training.

- The provider had its own bank of GP locums. This ensured that cover was readily available at times of absence such as sickness and holidays and continuity was provided for patients.
- We found that there was a lack of records to demonstrate that the provider had ensured that all staff where appropriate were up to date with immunisations such as tetanus, diphtheria, polio, MMR and hepatitis B.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: August 2019	Yes
There was a record of equipment calibration. Date of last calibration: August 2019	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
There was a record of fire extinguisher checks. Date of last check: July 2019	Yes
There was a log of fire drills. Date of last drill: July 2019	Yes
There was a record of fire alarm checks. Date of last check: October 2019	Yes
There was a record of fire training for staff. Date of last training: Varied dates completed online	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: October 2017	Yes
Actions from fire risk assessment were identified and completed.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice could demonstrate that staff had completed fire training. This was confirmed by staff we spoke with. Training records showed that the dates staff had completed fire training varied. as the training was completed online. • There were three named and trained fire marshals. • All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and maintained annually to make sure it was working properly. • The landlords for the premises, Leicester Partnership Trust (LPT) were responsible for the safe maintenance of the premises. The trust had carried out a repeat fire risk assessment of the whole health centre site in October 2017. The report showed that LPT had not acted on the findings identified at the previous assessment in 2015. For example, the report stated that most of the fire door defects did not appear to have been completed and there were omissions in the fire log book records. • The assistant practice manager kept detailed records, emails etc. that showed they had requested updates from LPT on any action taken to address issues identified and not had a response. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice manager had completed checks of the premises with representatives for Leicestershire Partnership Trust (LPT). The assistant practice manager also carried out weekly health and safety checks to ensure the premises was safe. At the inspection it was difficult to obtain all of the required documentation that confirmed the completion and outcome of health and safety risk assessments checks carried out LPT. An electrical safety certificate was available dated June 2015. The date on the certificate confirmed that the next safety check was due in June 2020. An audit of the cladding on the building was carried out in October 2017. The gas safety certificate was dated July 2019 and showed that a boiler check had been carried out. An asbestos survey was carried out in 2017 this showed that the level of risk was low or very low. Other documentation available included a legionella risk assessment, completed in November 2012. However, there was no evidence that water sampling checks were completed or the risk assessment repeated. We found there were significant changes in temperature in different areas of the practice. Although not in a patient area we found that the surface of one of the radiators in an office was hot to the touch and the temperature control was not working. Records we reviewed showed that this had been the case for some time. The assistant practice manager kept all correspondence that showed the practice had made considerable efforts to follow up the issues identified. However, we saw there was a lack or delay in responses received from LPT. The provider's facilities team also maintained contact with LPT to ensure that immediate action was taken to act on issues that presented an immediate risk to patients. 	

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: September 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The infection prevention and control audit had been completed by Leicestershire Partnership Trust (LPT). The audit covered the whole health centre and the report identified areas for action. These were mainly related to the environment and included the state of the carpet, chipped walls, the cleanliness of chairs in the waiting area, baby changing facility and the patient toilet. The Trust were responsible for the safe maintenance and overall cleanliness of the premises. We saw that the assistant practice manager had emailed the team about the action required. The provider had contacted LPT to progress the required actions and had expressed a willingness to fund the costs.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff were knowledgeable of each other's role and could deputise at times of staff absence. Clinical and non-clinical rotas were completed three months in advance, this identified any gaps in staffing.• The practice displayed posters regarding sepsis in clinical areas. A sepsis toolkit was built into the patient electronic information system. This provided triggers for staff of specific indicators such as a high temperature and increased pulse rate that might need further investigation. Specific emergency equipment was available for example, a paediatric pulse oximeter. Staff had completed online training.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was limited space at the practice for the safe storage of all patient paper medical records. To address this, arrangements had been put in place to maintain records securely off site. A protocol had been written which set out the procedures staff must follow to ensure the timely and secure management when transferring patient records between the practice and organisation headquarters, Spirit House. • The practice was in the process of reviewing, developing and updating shared care protocols. • The practice had ensured that test results were checked and acted on. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.74	0.79	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	5.4%	8.1%	8.5%	Tending towards 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) (NHSBSA)	4.48	4.82	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) (NHSBSA)	2.36	2.18	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.	Yes
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.	Yes
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 changes to a patient's medicines including changes made by other services.	Yes
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	Yes

Medicines management	Y/N/Partial
England Area Team Controlled Drugs Accountable Officer.	
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.	NA
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
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 lead GP had reviewed medicines prescribed and medicine practices. This had resulted in improved practices related to reducing antibiotic prescribing and appropriate monitoring of patients prescribed high risk medicines. • Staff at all levels were involved in the management of patients prescribed Warfarin (A medicine used to thin the blood and prevent blood clots). The practice had a protocol in place which provided clear guidance on the level of responsibility of each member of staff. • The practice had a policy related to the management of prescriptions. This covered the collection, management and safe storage of signed prescriptions for both routine medicines and controlled drugs. For example, uncollected prescriptions were recorded, reviewed by a GP and then shredded. • The serial numbers of prescriptions were recorded when received at the practice and when distributed into consulting rooms. Blank prescriptions were removed from printers when the practice was closed and were locked away overnight. However, we found that blank prescriptions were stored in the same room as the emergency medicines which would make them accessible to a wide group of staff during the day. This was addressed by the practice on the day of the inspection. • We saw that PGDs and PSDs were authorised and signed appropriately. • Risk assessments had been completed following the review of the contents of the GP emergency bag. 	

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.	Yes
Number of events recorded in last 12 months:	30
Number of events that required action:	30
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a system for recording and acting on significant events. Significant events were reviewed by the practice management team and discussed at practice meetings. Staff confirmed that the events had been discussed at practice meetings held. • There were shared policies and procedures with Spirit Healthcare Ltd. for reporting and classifying significant events. Reports were completed on a recognised web-based system which required the reporter to discuss and classify the incident. Significant events were discussed at both practice and Provider level. • Incidents were risk rated. Spirit Healthcare Ltd. governance team reviewed and discussed all significant events that were categorised as high risk (Red). Evidence of this was seen in the minutes of meetings and incident records we looked at. • Incident records were audited by the governance team who ensured appropriate action had been taken and learning identified. We saw that where further information was required or action needed this was documented on the incident form to be addressed by the practice. 	

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

Event	Specific action taken
Cold chain breach. The door to one of the fridges at the practice had not been closed properly.	<ul style="list-style-type: none"> • The incident was recorded and reported to the assistant practice manager. As part of the investigation the data logger was checked. This showed that the fridge had been out of the recommended range for a period of 12 hours 45 minutes. • Notices were posted to inform staff not to use the vaccines. Spirit Healthcare senior management team and Public Health England were informed and the vaccines were replaced.
A prescription presented at a pharmacy was noted to have been altered.	<ul style="list-style-type: none"> • The incident was investigated, discussed at a clinical meeting and discussed with the patient and a plan put in place. • An alert and special note was entered on the patient record and action was taken to ensure there were no forged scripts. A decision was made to supply the patient with a prescription for five days while further investigations took place.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Medicine and other safety alerts were received by the practice manager, forwarded to the clinical lead and distributed appropriately. Staff emailed the practice manager with the completed action and this was entered onto the practice information system. Alerts were discussed at clinical meetings. • We saw examples of actions taken on recent alerts for example, regarding sodium valproate. The practice had completed searches for women of childbearing who had been prescribed this medicine. Patients identified were reviewed, provided with relevant information and referred to a specialist where appropriate. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had included NICE guidance as a standing agenda item at clinical meetings. The guidance was used to support audit of clinical care and treatment. • We looked at examples of five updated care plan templates. These were seen for patients with dementia, a learning disability, experiencing poor mental health and those receiving palliative care. • A review of patient records demonstrated that comprehensive reviews had taken place. Records examined were detailed to show that care and treatment provided was in line with current guidance and appropriate referrals made. For example, women of childbearing age who had been prescribed a specific medicine had been reviewed and referred to specialist where appropriate. 	

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>	1.79	0.96	0.75	Variation (negative)

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 on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The advanced nurse practitioner and GP carried out dedicated weekly clinical visits at a care home. Visits were also undertaken for housebound patients and those living in warden-controlled accommodation.
- The practice carried out structured annual medication reviews for older patients. This included a review of all hypnotic (used to help people sleep) medicines prescribed to patients living in care homes.
- 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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice referred patients and had access to support from the local diabetes prevention service.
- 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 COPD were offered rescue packs. Audits were carried out to review how patients used the rescue packs.
- 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>	77.9%	78.5%	79.3%	No statistical variation
Exception rate (number of exceptions).	14.2% (51)	7.8%	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>	70.8%	75.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (37)	6.7%	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>	79.9%	83.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.6% (31)	6.7%	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>	76.8%	77.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	10.0% (35)	4.9%	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>	90.7%	90.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	11.9% (16)	10.1%	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) <small>(QOF)</small>	87.5%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.6% (35)	3.7%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	97.3%	92.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	11.9% (5)	4.8%	5.9%	N/A

Any additional evidence or comments

- The practice overall QOF indicators exception reporting was 7.5% and the overall combined clinical exception reporting 13.7%. There were three areas of high exception reporting related to diabetes, asthma and atrial fibrillation. The practice had systems in place to ensure patients had been appropriately exception reported.
- The practice had systems in place to ensure patients were reminded of their appointments. The lead clinician and nursing staff told us that a recall system was followed to ensure all patients who failed to attend appointments were contacted and sent three reminder letters.
- There was a slight improvement on the previous year in the practice performance in the care of patients with diabetes. The practice had identified problems with patient compliance with their treatment and sought to rectify this by ensuring patients were educated and involved in their treatment and care.

Families, children and young people

Population group rating: Good

Findings

- 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 offered 24 hour and six weeks health checks for babies and support for new mothers.
- Six weekly multidisciplinary meetings were held with school nurses, health visitors and midwives to discuss concerns related to children.
- 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)	125	135	92.6%	Met 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)	107	128	83.6%	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)	107	128	83.6%	Below 90% minimum
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)	106	128	82.8%	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 had not met the minimum 90% target for three of four childhood immunisations uptake indicators. 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 shared unverified data with us for the period April 2019 to August 2019 this showed improvements in all of the indicators above. For example, the percentage of children aged 1 who had 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) for this period was 100%.

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)	65.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	64.2%	63.5%	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)	34.4%	43.8%	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)	87.5%	59.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	68.4%	50.1%	53.8%	No statistical variation

Any additional evidence or comments

- The practice was aware that its cervical screening uptake over previous years was below the 70% national uptake. This remains below 70% and 80% England target. To address this, cervical screening events were organised across Spirit Healthcare Limited GP practices. Women were offered flexible appointments to fit around their schedules. There was a policy in place for checking all cervical smear results.
- The practice had effective call and recall systems in place.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. The practice had systems in place to ensure that these patients were appropriately coded on the patient information system and an agreed treatment plan put in place.

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

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. 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) <small>(QOF)</small>	93.5%	87.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	10.1% (7)	11.8%	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) <small>(QOF)</small>	85.9%	88.8%	90.2%	No statistical variation
Exception rate (number of exceptions).	7.2% (5)	9.5%	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) <small>(QOF)</small>	97.2%	82.6%	83.6%	Variation (positive)
Exception rate (number of exceptions).	2.7% (1)	6.5%	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)	549.6	530.8	539.2
Overall QOF score (as a percentage of maximum)	98.3%	95.2%	96.7%
Overall QOF exception reporting (all domains)	7.5%	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

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

The practice had completed ongoing audits following the receipt of a priority medicine alert related to a medicine prescribed for treating patients diagnosed with epilepsy. The practice completed an audit of women of child bearing age. The medicine safety alert highlighted the increased risk of congenital malformations, especially at high doses when taken in the first trimester of pregnancy. The audit was an ongoing audit and the practice ensured that women of child bearing age were aware of the risks. Patients were offered an appointment to discuss effective contraception and/or referred to the appropriate specialist consultants.

The practice had carried out an audit of patients prescribed ACE inhibitors (medicines used to lower blood pressure) who had not had blood tests completed. The practice identified 80 patients who had not attended for annual blood tests. Patients were contacted and given an appointment. If patients did not attend the GP reduced their monthly medication until the patient attended for the blood test. A second cycle of the audit was carried out and identified 12 of the 80 patients had not attended their appointment. The practice had systems in place to ensure ongoing follow up and recall of the remaining patients.

Any additional evidence or comments

The practice had completed 24 clinical audits which included three two cycle audits over the previous 12 months. The audits were supported by the local clinical commissioning group medicine management team.

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.	Yes
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.	Yes
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"> • New staff were employed on a six-month probation period. Staff received an induction, had set objectives and were assigned a mentor for supervision and to monitor their progress. Structured reviews were held monthly, and at three and six months to discuss progress and employment. • The healthcare assistant (HCA) had attended training on administering immunisations, ear syringing, taking blood and carrying out an electrocardiogram (ECG). An electrocardiogram is a test used to check a patient's heart rhythm and electrical activity. The HCA had been assessed as competent by an experienced registered practitioner to carry out these tasks. • Peer to peer reviews had taken place for practice nurses. Staff supervision and annual appraisals were completed and used to identify staff development needs. • Staff were provided with protected learning time. Staff received training to recognise the needs of patients with diabetes, experiencing poor mental health, dementia and patients identified as being at risk. • There was a staff training matrix in place. This was linked to a risk rating tool. 	

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 (01/04/2017 to 31/03/2018) (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 with voluntary organisations and other professionals to meet the needs of its patients. These included care navigators, mental health counsellors, palliative care nurses, midwives, district nurses and health visitors. • Regular multidisciplinary meetings were held with relevant staff. 	

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"> • Patients were encouraged through education, support and information to understand their condition and be involved in the management of their treatment. • Patients had access to self-care information on the practice website, which signposted patients to advice, health and wellbeing information. • The healthcare assistant carried out health checks for patients aged 40 to 74 years of age and made referrals to the GP if required. • Patients were signposted to smoking cessation sessions. 	

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>	96.7%	96.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (8)	1.0%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Practice staff had completed training related to the Mental Capacity Act (MCA), Deprivation of Liberties (DoLs) and safeguarding training. Staff followed the organisation consent policy which was updated annually. Gillick competency and Fraser guidelines, were accessible to staff on the shared drive. 	

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS UK	<ul style="list-style-type: none"> Twelve patients had left feedback on the NHS UK website. Comments were made between August 2018 and September 2019. Three were rated five star, two four stars and seven one star. The five and four star rated comments praised the practice for the improvements it had made, thanking staff and commented on improved appointment availability. Concerns that were rated as one star included comments that staff were rude, lack of continuity with GPs, problems with issuing prescriptions and poor communication.
Comment cards, patient interviews	<ul style="list-style-type: none"> Patients we spoke with told us that they were treated with respect, said staff were easy to speak with and showed compassion. Patients comments in Care Quality Commission comment cards were mixed. Overall the comments were mostly positive. Patients said staff were helpful, respectful, polite and friendly. Patients were happy with the service. However, patients also expressed concerns about having to see different doctors and that access to appointments needed to improve.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6886.0	467.0	91.0	19.5%	1.32%

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)	75.9%	84.7%	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)	67.2%	82.0%	87.4%	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)	81.6%	91.6%	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)	61.2%	75.0%	82.9%	Variation (negative)

Any additional evidence or comments

- The practice was aware from the results of its national GP patient survey results for 2018 that patient satisfaction related to the approach of healthcare professionals was varied and rated lower in most areas when compared with the local CCG and national averages. The practice had put an action plan in place to address the shortfalls. The plan included conducting patient surveys, involvement of the PPG.
- The practice compared its national GP survey results for 2019 with the results responses received in 2018. Although the responses still demonstrated a negative variation when compared with the CCG and England averages the figures showed that there had been improvements on the 2018 responses. For example, 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 was 71% in 2018 this figure had increased to 76% in 2019.
- The practice was undertaking repeated surveys and discussed issues with the PPG to support continued improvements for patients.

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

Any additional evidence

- The practice had identified from the outcome of patient surveys and family and friends feedback that patients had concerns about communication and having to see different GPs. The practice had put systems in place to improve the patient experience. Improvements made included the recruitment of a lead clinician, salaried GPs and a practice manager. The length of time allocated for appointments was also reviewed.
- As part of its customer care improvement strategy the provider encouraged staff to use the 'Mum Test' for all patients and ask themselves 'If the patient in front of them was a family member, how would they want them treated.'
- In January 2019 the Practice was visited by Healthwatch to gain the patient perception of the service and to use evidence (feedback and observation) to determine if there was room for improvement. Although there remained some concerns about continuity of care, patients felt that there had been improvement and overall, patient feedback was good.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had information available in easy read and pictorial formats. • Patients were supported to access social prescribing services to support their social and mental wellbeing. • Patients and carers had access to information related to their health and wellbeing at consultations and via the practice website. 	

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)	78.1%	90.5%	93.4%	Variation (negative)

Any additional evidence or comments

- Although the National GP survey results for 2019 showed a negative variation when compared with the CCG and England averages this was an improvement on the 2018 responses. For example, 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 (2018) was 75% data showed that this had increased to 78% in 2019.

	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"> • Patients were offered longer appointments • Signing interpreter services were available to patients with a hearing impairment. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • At the time of the inspection the practice provided a service to a population of 6,886 patients. There were 75 patients registered as carers at the practice. This represented approximately 1.1% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carers were encouraged to register as a carer with the practice and additional information was available about the support and services available to them. • Practice staff signposted carers to support services within the community. • Carers were offered an annual health check and an annual flu vaccine.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice maintained a register of patients who received end of life care. • Bereaved patients were contacted by the practice and offered an appointment if they wanted to discuss their needs. • Patients were signposted to support services in the community.

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
Explanation of any answers and additional evidence:	

If the practice offered online services:

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

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
Explanation of any answers and additional evidence: The practice had reviewed and updated the practice website to make it more user friendly for patients. This made it easier for patients to make requests online for example, repeat prescriptions, book appointments update personal details and complete health review forms.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	7am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	7am to 8am, 8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
The practice offered the following appointments to its patients: <ul style="list-style-type: none"> • Appointments from 8am to 6.30pm Monday to Friday • Extended hours appointments were available from 7am to 8am on Tuesday. Appointments were covered by the practice nurse and a GP covered alternate Tuesdays. • Extended hours telephone consultations were offered with a clinical pharmacist between 6.30pm and 7.30pm. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6886.0	467.0	91.0	19.5%	1.32%

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)	84.7%	91.6%	94.5%	Variation (negative)

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, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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.
- Extended hours appointments were available from 7am to 8am on Tuesday at the practice.
- Telephone consultations were available between 6.30pm and 7.30pm with a clinical pharmacist.

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, 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 followed good practice guidelines, offered support to patients who expressed gender preferences.
- 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.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had access to a practice nurse home visiting service to support the care of the elderly and patients with long term conditions who were unable to access the practice. Extended hours were available on Saturday, Sunday and Bank Holidays at identified hubs within the local CCG. 	

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)	44.0%	N/A	68.3%	Variation (negative)
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)	52.5%	58.7%	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)	57.9%	60.6%	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)	71.0%	65.9%	73.6%	No statistical variation

Any additional evidence or comments

<ul style="list-style-type: none"> Following concerns from patients about telephone access and poor communication the provider introduced a system to record calls so that the quality of calls could be monitored. The practice also introduced an appointment cancellation line which enabled patients to leave a message rather than wait for someone to answer the phone. This put appointments back into the system in a timely manner resulting in a reduction of patients who did not attend (DNA) appointments and an improvement in patient feedback. If patients required an early morning appointment these could be booked with a practice nurse from 7am if required on an identified day of the week. Although the National GP survey results for 2019 were lower in most areas than the local CCG and England averages the figures showed that there had been improvements on the 2018 responses. For example, the percentage of respondents to the GP patient survey who were satisfied with the
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type of appointment (or appointments) they were offered in 2018 was 56 compared with 71% in 2019.

Source	Feedback
NHS UK	There were twelve reviews received on the NHS UK (NHS Choices) website between May 2018 and September 2019. There were mixed reviews from patients. Seven reviews were rated one star, two four stars and three five stars. Patients concerns referred to poor staff attitude, repeat prescriptions, no continuity with GPs and poor access to appointments. Towards the latter part of the year from July 2019 reviews were more positive. Patients commented that the practice had improved over the last six months. Comments made included that staff were more approachable, friendly and accommodating and that it had become much easier to get an appointment.

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.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
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"> The practice had a complaints procedure in place and leaflets on how to raise a complaint was available in the reception area of the practice for patients. Complaints were discussed at practice clinical meetings. The outcome of complaints included information for patients on how they should escalate their concerns if they were not happy with the practice response. Complaints were audited to identify trends. The main trend of the complaints received by the practice were related to clinical care. The outcome of complaints were discussed with patients. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Duration of time to action prescriptions	The GP locum passed a task on without completing the task. The task was not actioned because it was not picked up by the receptionist resulting in the patient receiving their prescription for medicines. A call was made to the patient by the clinical pharmacist who apologised for the delay and discussed the medicines with the patient and a prescription was issued.
A patient was unhappy that an agreed return call was not made by a GP.	An apology was offered to the patient and an investigation carried out. A formal response was sent to the patient.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
<p>Explanation of any answers and additional evidence:</p> <p>The provider and practice had developed a framework from which to monitor its operational infrastructure, organisational capacity and capability to meet the needs of its registered population. The aims and objectives of the wider health economy were considered. The provider ensured that practice staff were aware of the organisational objectives through meetings, discussions and feedback. The practice had identified leads for all areas which included safeguarding, governance and infection control. Practice staff told us they felt part of a wider organisation and that leaders were visible.</p>	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider had corporate values and behaviours, which were shared throughout the organisation. The overall vision for Spirit Healthcare Ltd. was 'Making the World a Healthier and Happier Place'. The practice ethos and vision were linked to the organisation values and planned to:</p> <ul style="list-style-type: none"> • Provide the best care that it can for its patients. • Ensure staff were trained and competent to deliver care. • Support the practice and patients in a changing environment. • Staff we spoke with were all aware of the organisation's vision and values. The strategic objectives were monitored by the Spirit Healthcare Limited. The practice business plan included details of succession planning. The practice also monitored its own performance against QOF indicators and patient feedback. 	

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.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. • We saw that staff worked well together and were supportive of each other. • Staff were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. • There was a strong emphasis on the safety and well-being of all staff. 	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff told us that all staff worked well as a team. Staff felt supported by the management team. Staff we spoke with told us that GPs had an open-door policy when support was required. • Staff spoken with told us they were proud to work for the organisation, felt consulted with were part of a team and knew their contribution was valued. We saw that staff morale was positive and there was a low turnover of staff.

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.	Yes
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">• We found that there were documented leadership and governance structures in place and staff were aware of their roles and responsibility. This included:<ul style="list-style-type: none">○ Effective structures, processes and systems to support staff training, safeguarding procedures, staff appraisals, record keeping, and minutes of meetings were clearly set out.○ We saw that the provider with, the involvement of the GP practice, had reviewed most of the policies and procedures to ensure that they were relevant and up to date.○ The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.○ Staff were clear on their roles and accountabilities at both a practice and at wider organisation level. This included in respect of safeguarding and infection prevention and control.○ Clinical staff with extended roles such as the practice nurses were in receipt of competency reviews in the form of appraisals, one to one observation and both verbal and written feedback.• We found that there were some shortfalls in safety processes and systems that could present a risk. These included:<ul style="list-style-type: none">○ We found that staff recruitment records were disorganised which made them difficult to access for information to demonstrate safe recruitment practices.○ A lack of records to demonstrate that all staff were up to date with immunisations relevant to their role.• Regular 'Primary Care Operations Group' meetings were held at a provider level. There was a planned agenda which included reviews of protocols and processes, lessons learnt and shared across all GP practice sites and discussion of the governance dashboard. The dashboard provided details of performance across all practice sites.	

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.	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.	Partial
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"> • Health and safety risk assessments had been carried out at the practice. We found that the provider was proactive in its attempts to address and mitigate risks related to the health and safety of the premises. However, these were hampered by the lack of response and delayed action by Leicestershire Partnership Trust to act on issues identified in a timely manner. • The practice had an up to date business continuity plan to mitigate risks to patients, staff and assets in the event of disruption to the service. • The practice had carried out a planned programme of audits over the previous two years. Audits carried out were in response to practice clinical performance, NICE guidance, best practice and medicine safety alerts. 	

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	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: Patients had access to data control guidance and requirements which specified how their records and information about them would be stored and used on the practice website.	

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"> Patients were encouraged to provide feedback. This included through friends and family test cards and practice surveys. The practice had increased its capacity for patient appointments in response to recent feedback raised about appointments. The practice had increased its permanent staff to provide continuity for patients. The practice worked with the local Clinical Commissioning Group (CCG) and other local GP practices with which it was linked to discuss the needs of the wider community. Patients registered with any GP in Leicester City benefited from an appointment with a GP or ANP during evenings, weekends and bank holidays at any of the healthcare hubs in the city. Appointments could be booked at four identified sites through the GP practice or NHS 111. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Practice leaders promoted a culture of learning and continuous improvement. Staff had access to learning opportunities to meet their professional needs and those of the practice. Meetings were held for all staff in addition to individual meetings for the different disciplines working at the practice. These included nurses, reception/administration and clinical staff meetings. The meetings reviewed the practice performance and learning to be shared on a regular basis. The prevalence work undertaken by the practice identified areas of continuous learning and how this was shared and used to make improvements. For example, the management of cardiovascular disease was an area that required improvement across all Spirit Healthcare Limited GP practices. Systems were put in place to improve the detection rate and prompt staff to check patient pulses during consultations. The provider had introduced a staff initiative scheme called 'WOW'. The initiative encouraged staff to have a say on how patient services and the practice performance could be improved. The practice offered to support the local palliative care nurses and heart failure nurse through their prescriber training. This helped to build links with other professionals and provided the opportunity to upskill its own staff. 	

Examples of continuous learning and improvement

- The practice worked with other practices within their primary care network group (PCN), which provided peer support and opportunities for learning and improvement.
- The practice also met with and worked with the other three GP practices within the Spirit Healthcare Ltd to support learning and improvement within the group.
- The GPs, practice nurse and healthcare assistant attended regular peer group meetings.
- The practice website had been updated to provide appropriate and up to date information and education for patients.
- Through audit and reviews of the practice performance related to the management of patients with long term conditions the practice had identified areas where staff training and skills required updating.
- Practice staff had received training on a national structured diabetes education programme developed by the provider. The practice staff held joint clinics with a nurse who specialised in the care of patients with diabetes.
- The provider had plans in place to improve services for the different population groups they served across all four GP practices. This included:
 - Involvement in an isolation project linked to the care of the elderly.
 - Community events to support young mothers

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.