

Care Quality Commission

Inspection Evidence Table

OHP-Poolway Medical Centre (1-4335420807)

Inspection date: 5 February 2020

Date of data download: 24 January 2020

Overall rating: Requires Improvement

At our last inspection in January 2019 we rated the practice as requires improvement overall. We found systems and processes to ensure good governance were not operating effectively. Although, we saw evidence of improvements at this inspection we continued to identify concerns relating to governance and the overall management of the service.

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

Safe

Rating: Good

At our last inspection in January 2019 we rated the practice as requires improvement for providing safe services this was because not all staff were aware of practice policies and procedures; risks were not always effectively managed and mitigated against; and the reporting of incidents were not clearly embedded throughout the practice. At this inspection, we found areas of improvement including the sharing of policies and procedures, management of prescription stationery and recruitment information, and increased reporting of incidents. However, we also continued to find risks that were not effectively managed in particular, staff workloads and systems for ensuring reporting and learning from all incidents.

Safety systems and processes

The practice had 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection in January 2019 we found many of the practice's policies and procedures were under review and staff were not aware how to access them. At this inspection we saw that the practice had adopted the policies from their provider organisation (Our Health Partnership) these were available on a shared system and staff had recently been given training on how to access them. At our last inspection in January 2019 we identified issues with the Disclosure and Barring Service (DBS) checks. These included DBS checks that were not current at the time of recruitment and staff without a DBS check that had not been risk assessed. At this inspection we found DBS checks were in place for all staff. All permanent practice staff had received child and adult safeguarding training. Staff we spoke to were able to demonstrate appropriate action taken in response to a safeguarding concern. Alerts were used on the clinical system to ensure staff were aware if a patient was vulnerable or at risk. However, there were no records of safeguarding training available for the locum staff. Following our inspection, the provider submitted evidence of completed safeguarding training for some locum staff. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection in January 2019 we found gaps in the recruitment checks seen. The information was sent subsequently following the inspection. At this inspection there had been no new staff recruited. At our last inspection in January 2019 the practice was unable to provide assurance in relation to staff vaccination status. We saw that this was now in place. 	

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: 20/01/2020	Y
There was a record of equipment calibration. Date of last calibration: June 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 16/01/2020	Y
There was a log of fire drills. Date of last drill: 11/11/2019	Y
There was a record of fire alarm checks. Date of last check: 30/01/2020	Y
There was a record of fire training for staff. Date of last training: various dates (ranging between 20/12/2018 and 13/01/2020)	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 13/01/2020	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 10/04/2019 (security) and 31/10/2019 (premises)	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 31/01/2020	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The premises were managed through tenancy arrangements with the landlord. Any issues would be reported to them. • The practice had carried out a control of substances hazardous to health (COSHH) risk assessment on 1/10/2019 and an office risk assessment on the 31/01/2020. • There was also a risk assessment in place for legionella dated October 2017 and monthly water monitoring undertaken by the landlord. 	

- However, training records showed that only the practice manager had completed health and safety training.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 30/01/2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The premises had recently been refurbished and we observed them to be clean and tidy. • Cleaning was managed by the landlord and cleaning schedules were in place. • The practice had recently completed an inhouse infection control audit and had scored 99%. • We saw that cleaning wipes were in place for the cleaning of clinical equipment but no records were maintained to demonstrate this was completed. 	

Risks to patients

There were gaps in 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.	Partial
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	N
Explanation of any answers and additional evidence: The practice had two named partners however, one of the partners had not worked at the practice for a	

significant length of time. The practice was reliant on regular locum staff and the principal GP had not taken annual leave for some time. We saw that the principal GP undertook many managerial and nursing tasks without support and that if absent would potentially create significant challenges in the running of the practice. On the last two inspections we had been told that the GP partner would be returning to work, but this had not happened. The practice assured us they would be returning to work in the near future, this was confirmed by the CCG. The risks relating to this had not been fully assessed.

There was a locum pack in place for staff working at the practice on a temporary basis.

Reception staff were aware of action to take if they had any concerns about a patient. There was an emergency call handling protocol and a notice in reception that advised staff of signs and symptoms of sepsis. Staff had also completed sepsis awareness 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: Records seen demonstrated that patients received appropriate care and treatment. The principal GP maintained a good oversight of patient information and acted on it accordingly.	

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) <small>(NHS Business Service Authority - NHSBSA)</small>	1.33	0.84	0.87	Variation (negative)
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>	6.8%	7.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	5.19	5.13	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	1.96	1.77	2.08	No statistical variation

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in January 2019 we found systems for storing and monitoring prescription stationery was not fully effective. At this inspection, we found effective systems were now in place.</p> <p>Overall antibiotic prescribing was higher than local and national averages and had increased slightly from the previous year although the prescribing of broad-spectrum antibiotics had decreased. The practice was aware of their antibiotic prescribing and was actively trying to reduce it. The practice believed their antibiotic prescribing rates may be skewed by the high prevalence of smoking and Chronic obstructive pulmonary disease (COPD) and high prescribing of rescue packs containing antibiotics. They suggested that the management of COPD and rescue packs was also helping reduce practice admissions in COPD. There was information displayed in the practice to raise patient awareness of antibiotic use and the principal GP advised that they were encouraging self-care alternatives to patients instead of antibiotics, where appropriate.</p> <p>The principal GP told us that they had signed up to participate a study with Bristol University to review the treatment and care of children attending GP practices with coughs and acute respiratory tract infections.</p> <p>We reviewed the records for 13 patients on high risk medicines that required regular monitoring, all were up to date.</p>	

Track record on safety and lessons learned and improvements made

The practice had strengthened their systems to learn and make improvements when things went wrong but further work was still needed to ensure these were fully effective.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	10
Number of events that required action:	10
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in January 2019 we were not assured that the incident reporting process was fully embedded across the practice team. Not all staff we spoke with were aware of any incidents and none reported were of a non-clinical nature.</p> <p>At this inspection we found that systems and processes for managing incidents and learning from them had been strengthened. We saw evidence of action being taken in response to incidents. We saw that both clinical and non-clinical incidents were now being recorded. Administrative staff we spoke with had recently been given training on using the electronic systems for reporting incidents. Non-clinical staff we spoke with explained they were not recording incidents directly onto the electronic system; however, they notified members of the management team who then logged incidents and carried out the required actions. The practice had recently introduced staff meetings in which incidents were identified as a standing agenda item for discussion.</p> <p>However, we noticed that there had been no review of incidents to identify any themes and trends. Our review of incidents identified three incidents related to stock shortages, although these had been immediately actioned there had been no review of the overall process to identify if systems and processes were working as intended.</p> <p>Prior to our inspection we had received information of concern in which we were told of a patient having difficulty obtaining a document they had requested. At this inspection we saw nine cases where patients had experienced delays in obtaining document requests or in registering as a patient. None of these had been reported as incidents to support improvements in systems and processes.</p>	

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

Event	Specific action taken
Blood test form sent for the wrong patient	Staff were reminded to check patient details of the patient prior to procedure. Patient affected was recalled and bloods retaken.

	A label printer purchased to help minimise the risk of labelling errors.
Patient attended for blood test but no bottles available in the practice.	Urgent delivery requested and to maintain a larger stock in the event of reoccurrence.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The practice had effective systems for managing safety alerts. We reviewed two recent alerts received and saw that these had been reviewed and acted on appropriately.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Records seen and conversations with clinical staff demonstrated appropriate care and treatment was provided. Clinical staff made use to templates to ensure consistency and compliance with evidence-based guidelines. Clinical staff were aware of and able to access evidence-based guidance from their computers. 	

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>	1.36	0.74	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 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.
- 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.
- 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 appropriate medicines.
- 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.

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>	87.1%	79.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	19.2% (33)	13.2%	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>	78.4%	78.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	14.0% (24)	10.1%	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>	88.5%	81.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	9.3% (16)	11.2%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.2%	76.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.9% (3)	5.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.8%	91.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.8% (2)	10.9%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.0%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (14)	3.8%	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>	94.1%	88.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	8.1% (3)	7.2%	5.9%	N/A

Any additional evidence or comments

The Quality Outcome Framework data was in line with local and national averages. Exception reporting was also in line with local and national averages.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% uptake or the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all of the four childhood immunisation uptake indicators for 2018/19. However, due to the small numbers involved the practice had just fallen short of reaching the 90% minimum.
- The practice shared with us their latest child immunisation data for quarter three 2019/20 which showed the practice was achieving 100% across the four uptake indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	19	22	86.4%	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)	30	34	88.2%	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)	30	34	88.2%	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)	30	34	88.2%	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

Staff told us that the principal GP carried out the first child immunisation. Follow up appointments were arranged for the next immunisation when they attended. There was a designated member of the team who followed up those that did not attend.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice offered eligible patients 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.
- Overall trends for the uptake of cancer screening had remained largely unchanged over time. The practice was not meeting the 80% target for the uptake of cervical screening. Uptake of bowel and

breast cancer screening was below local and national averages.

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) <small>(Public Health England)</small>	73.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) <small>(PHE)</small>	60.1%	64.4%	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) <small>(PHE)</small>	39.6%	44.9%	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) <small>(PHE)</small>	75.0%	73.2%	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) <small>(PHE)</small>	64.3%	53.2%	53.8%	No statistical variation

Any additional evidence or comments

- Both the nurse and GP undertook cervical screening.
- There had been a slight improvement on cervical screening uptake from 71.8% in 2018 to 73.2% in 2019.
- Patients who did not attend for screening were followed up by the practice nurse.
- We saw records were maintained to ensure results were received for screening samples taken.
- Information was available in the waiting area to promote uptake of screening programmes.
- The practice told us that they sent letters to patients regarding bowel cancer screening and would order kits for them. They were also planning for someone from the bowel cancer screening programme to come in and talk to patients although there was no date as yet for this.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- 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 principal GP undertook routine weekly home visits to patients on their palliative care register.

- 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.

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

Population group rating: Good

Findings

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	94.1%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.3%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	100.0%	92.0%	90.2%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	7.2%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	89.5%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.0% (1)	5.8%	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 and treatment provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.0	546.8	539.2
Overall QOF score (as a percentage of maximum)	99.6%	97.9%	96.7%
Overall QOF exception reporting (all domains)	6.2%	6.4%	5.9%

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

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

The practice shared with us six clinical audits that they had undertaken in the last two years. These included:

- A two cycle of audit in which reviewed the appropriate prescribing of a medicine with a risk of bleeding and associated co-prescribing. The practice was able to demonstrate improved care and prescribing as a result of this audit.
- Another audit was undertaken to review the effectiveness of recall systems for patients with a history of gestational diabetes. The practice identified three patients that had not been reviewed in last 12 months. A search has since been set up and patients recalled. There were also plans to re-audit.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At our previous inspection in January 2019 we identified that staff were not always aware of systems and processes in place and how they accessed policies. At this inspection we saw that staff had recently been given training in a shared system and were able to access policies and procedures. • Staff had access to online training and we saw from records that the provider's mandatory training requirements were mostly up to date. • We saw evidence of role specific training for nursing staff. • At our previous inspection in January 2019 we found that the practice did not have an effective system for ensuring staff were given opportunities to discuss their learning needs or concerns. At this inspection we saw that appraisals had been carried out for all staff but one member of staff. This was forwarded to us after the inspection. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: The practice held quarterly safeguarding and palliative care meetings. Minutes of meeting we saw confirmed that regular meetings took place.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice provided inhouse smoking cessation and weight management support. Clinical staff were aware of services that they could refer patients to for additional support including, pre-diabetic education, counselling and other wellbeing services. The practice was in the process of implementing a social prescribing service. The practice had met with the social prescriber and patients had been surveyed to identify what they wanted from the service. An event had been arranged to launch the service fully in March 2020. 	

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>	95.9%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinical staff we spoke with demonstrated an understanding of the legislation and requirements when considering consent.• We saw that staff had undertaken Mental Capacity Act training.• There was a process to document patients consent if they underwent a procedure.	

Caring

Rating: Good

Kindness, respect and compassion

Patients were generally positive about the kindness, respect and compassion they received from staff, but this was not consistent with all staff.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Partial
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The principal GP routinely carried out weekly home visits to homebound palliative care patients to ensure their ongoing needs were met. During the inspection we observed patients being treated politely and with respect. All of the feedback relating to the principal GP was very positive and patients spoke about the kindness the GP had shown to them. However, we also received less positive feedback from two patients regarding the manner in which they were spoken to on the phone by a member of staff. 	

CQC comments cards	
Total comments cards received.	27
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	9
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment cards	All the completed comment cards we received were positive about the care and treatment they received at the practice and about the staff. Several patients commented in particular on the kindness and compassion shown by the principal GP. The mixed comments included issues such as not being able to get an appointment with their preferred GP and waiting for call backs.
NHS Choices	There had been four reviews posted on the NHS Choices website since the last inspection. Three were negative and one positive about the service. Negative comments related to access, obtaining test results and customer care.
Staff interviews	Staff we spoke with were very complimentary, in particular about the principal GP describing them as caring and hard working.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2090.0	445.0	82.0	18.4%	3.92%

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)	77.6%	86.8%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	75.1%	85.5%	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)	86.2%	94.4%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	68.2%	80.1%	82.9%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey for questions relating to the quality of consultations were lower than local and national averages. The results also showed a fall in patient satisfaction between 2018 and 2019. 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 had dropped from 89.7% in 2018 to 77.6% in 2019.
- The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern had dropped from 90.2% in 2018 to 75.1% in 2019.
- 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 had dropped from 95.1% in 2018 to 86.2% in 2019.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had dropped from 76.1% in 2018 to 68.2% in 2019.

The practice told us that they had undertaken their own inhouse survey during January 2020 in which they received 93 responses from 100 patients surveyed. Results from the inhouse survey were higher than those reported in the latest national GP patient survey and more in line with CCG and national averages. The practice shared their action plan with us. Results from both surveys had shown few patients were able to see their preferred GP (this was in line with feedback from our CQC comment cards) and so the principal GP had introduced additional telephone triage for those who only wished to see them. They were also awaiting the return following the long-term absence of the GP partner to help free more time for the principal GP to see patients. Conversations were held with locum staff. The practice told us they were now offering more longer appointments and were introducing a social prescriber service from March 2020. However, we continued to find the principal GP undertaking many managerial and nursing roles which removed them from patient care.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:

The practice was in the process of introducing a social prescribing scheme which was due to start in March 2020. Patients and staff had been surveyed to find out what they wanted from this service.

Source	Feedback
CQC Comment cards	Feedback from the CQC comment cards told us that patients felt listened during their consultations.

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)	81.9% (95.2)	91.9%	93.4%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey found lower than local and national average scores for the question about patient involvement in decisions about their care and treatment. There had also been a fall in patient satisfaction between 2018 and 2019 from 95.2% to 81.9%. The practice told us that they had undertaken their own in-house survey during January 2020 in which patients had scored this question at 85%.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: There was a notice in the waiting area advising patients to let them know if they had any specific communication needs.	

Carers	Narrative
Percentage and number of carers identified.	The practice advised us that there were 178 patients registered as carers. This was 8% of their practice list. Following our last inspection in January 2019 we asked the practice to review their register for accuracy as it had been recorded as 11% of the practice list size. The practice carried out an audit in January 2020 of their carers register to check it was accurate. However, we identified 31 patients who had been coded as no longer a carer but were still on the register.
How the practice supported carers (including young carers).	We were told that the practice offered carers flu vaccinations and flexibility with appointments. There was carers information displayed in the waiting room which signposted them to support available. The practice hosted services from the Citizens Advice Bureau and were soon to implement a social prescribing scheme.
How the practice supported recently bereaved patients.	The practice sent out letters of condolence to families who had been recently bereaved. They were also offered an appointment with a GP to identify any support needs.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

We found that patients wishing to make an appointment (but could not obtain one) were called back. These calls were frequently made remotely. The practice was unable to demonstrate that they had risk assessed the systems and processes for maintaining patient confidentiality for routinely undertaking patient calls remotely.

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	N/A
Patients were made aware of the information sharing protocol before online services were delivered.	N/A
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	N/A
<p>Explanation of any answers and additional evidence: Although the practice was planning to undertake video consultations in the future, this service was not currently available.</p>	

Responsive

Rating: Requires Improvement

At our last inspection in January 2019 we found the practice requires improvement for providing responsive services because patient feedback showed their experience of making an appointment and satisfaction with appointment times were significantly below local and national averages. At this inspection, we found patient satisfaction relating to access in the GP national patient survey was still below local and national averages, the practice was showing improvement in some but not all areas. We found the practice did not have appropriate or effective systems for managing complaints. Issues identified affect all population groups.

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.15am to 6.30pm (closed between 1pm and 2pm)
Tuesday	8.15am to 6.30pm (closed between 1pm and 2pm)
Wednesday	8.15am to 6.30pm (closed between 1pm and 2pm)
Thursday	8.15am to 6.30pm (closed between 1pm and 2pm)
Friday	8.15am to 6.30pm (closed between 1pm and 2pm)
Appointments available:	
Monday	9am to 12pm and 2pm to 4pm
Tuesday	9.30am to 11am and 2pm to 4pm
Wednesday	10.30am to 12pm and 2pm to 5.30pm (home visits 9am to 10.30pm)
Thursday	10.30am to 12pm and 4pm to 5.30pm (home visits 9am to 10.30pm)
Friday	9am to 12pm and 6.30pm to 7.30pm
Extended access hub appointments available at Iridium Medical Practice	
Monday to Friday	6.30pm to 8pm

Saturday

9am to 1pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2090.0	445.0	82.0	18.4%	3.92%

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%	93.2%	94.5%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey showed a fall in the percentage of patients who stated that at their last general practice appointment their needs were met (95.3% in 2018 to 84.7% in 2019). The practice had carried out their own inhouse patient survey during January 2020 in which 93 patients responded. The practice told us that the principal GP was now undertaking a telephone triage clinic and was now offering longer appointments if needed. Since our last inspection the practice was also opening on a Wednesday afternoon.

Reception staff told us that they could only book on the day appointments for patients. Any patients that they could not book in or who wanted an extended access appointment were placed on a weekly list for the practice manager to follow up and book them in. The practice manager would then call these patients back to arrange an appointment.

The building closed daily between 1pm and 2pm. We were told that during this time phone lines were diverted to the practice manager who took calls from patients and would book appointments if necessary.

Older people

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- 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.
- The practice had a hearing loop for those with a hearing impairment.

- The practice participated in the ambulance triage scheme in which GPs provide advice to paramedics and facilitate support for patients with primary care as an alternative to accident and emergency.

People with long-term conditions

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- 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.
- The practice offered insulin initiation which enabled patients to be seen closer to their home rather than in secondary care.

Families, children and young people

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- Nurse appointments were available 9am to 6pm on a Monday and Thursday. School age children could attend without the need to miss school on these days.
- 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. Reception staff knew to alert the principal GP if there were no appointments available.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics.
- Baby changing facilities were available in the premises.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- Following our inspection, the leadership team told us that they offered appointments from 6.30pm to 7.30pm on a Friday evening. However, the practice was unable to demonstrate that this was a structured formal arrangement and there was no promotional information available within the practice or the practice website informing patient of this option. Patients were also offered extended access appointments as part of Hub arrangements available at another local practice until 8pm weekdays and on a Saturday morning.
- The practice told us that they now offered online appointments (at our last inspection this had not been available) and that 16% of patients were signed up for this. Requests to register online services were referred to the practice manager

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- 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 able to register with the practice, including those with no fixed abode such as homeless people and Travellers. The practice manager advised that they would use the practice address to register if necessary.
- The Citizens Advice Bureau ran sessions from the practice and other local practices on a rotational basis to provide advice and support on a variety of issues. The practice was also due to implement social prescribing services from March 2020.
- 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. Patients on the learning disability register were offered annual health reviews.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

Issues identified relating to the management of complaints and access impact on the rating for all population groups.

- Priority appointments were allocated when necessary to those experiencing poor mental health. Care plans were in place for relevant patients.
- 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

Access to timely care and treatment was below local and national averages but showing some signs of improvement.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had set out an emergency telephone call handling protocol to ensure patients with urgent needs were appropriately reviewed. Requests for a home visits were triaged by the principal GP who assessed the clinical necessity and urgency of need. 	

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)	76.9%	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)	58.4%	61.4%	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)	52.2%	61.2%	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)	57.3%	69.0%	73.6%	No statistical variation

Any additional evidence or comments

Results from the latest GP national patient survey were lower than CCG and national averages for questions relating to access. However, overall there had been some improvement between 2018 and 2019. For example:

- 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 had increased from 65.0% in 2018 to 76.9% in 2019.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had increased from 48.9% in 2018 to 58.4% in 2019.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had increased from 49.8% in 2018 to 52.2% in 2019.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with the type of appointment (or appointments) they were offered 59.6% in 2018 to 57.3% in 2019.

The practice told us that they had undertaken their own inhouse survey during January 2020 in which they received 93 responses from 100 patients surveyed. Results from the inhouse survey were higher than those reported in the latest national GP patient survey and more in line with CCG and national averages. The practice told us about actions they had taken to improve access which included the new telephone system which enabled them to identify and follow up missed calls; opening on a Wednesday afternoon and use of extended access hub appointments and a triage clinic.

The practice told us that appointments were available with the locum doctors but that patients preferred and wanted to see the principal GP.

Source	Feedback
NHS Choices	Of the four reviews posted on the NHS choices website since the last inspection, one negatively commented on access.
CQC Comment cards	Of the 27 completed CQC comment cards, eleven mentioned access, three were positive comments and nine were negative. The negative comments related to the appointment system and difficulties getting an appointment (four), not being able to see their preferred doctor (two), difficulty getting appointments after 4pm at the practice (two).

Listening and learning from concerns and complaints

Systems and processes for managing complaints were not always fully effective in supporting improvements in the quality of care.

Complaints	
Number of complaints received in the last year.	8
Number of complaints we examined.	3
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Partial

Explanation of any answers and additional evidence:

- Information was displayed in the waiting area advising patients what to do if they wished to raise a complaint.
- There was a complaints leaflet available on request. This set out the escalation process should a patient not be happy with the response received from the practice.
- We reviewed three complaints. Two of the complaints had been responded to in a timely manner but one had not. However, following our inspection, the practice explained reasons why this had been delayed.

We found the practice did not always have appropriate arrangements for managing complaints and ensuring they were investigated and responded to independently. We saw complaints that had been investigated and responded to by the person who the complaint had been about.

- The practice did not have a system for reporting verbal complaints or had reviewed any themes or trends to support improvements.
- We saw themes in complaints that had not been identified by the practice.
- We saw that the practice had recently introduce practice meetings and that complaints were now a standing agenda item for discussion.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unable to obtain an appointment with preferred GP.	Response explaining situation to patient.
Request for information on a family member denied.	Incident was investigated and response sent to complainant explaining the reason information was denied.

Well-led

Rating: Requires Improvement

At our last inspection in January 2019 we rated the practice as requires improvement for providing well-led services this was because overall governance arrangements to support high quality sustainable care was not effective, management information was not always readily available when required and staff were not fully aware of policies and procedures, many of which were under review at the time. At this inspection we found evidence of improvements including the implementation of a new governance system providing a more structured approach for managing information. We saw effective clinical leadership in delivering patient care and treatment. However, we also identified some continued concerns relating to completeness of incident reporting and additional concerns relating to the appropriateness of arrangements relating to the management of complaints and staff appraisals. We also had concerns relating to the availability of management support and culture within the practice.

Leadership capacity and capability

Leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice was part of a wider primary care provider at scale organisation (Our Health Partnership). Practices under the OHP model have local autonomy for running their own service but have the support of a wider organisation for future sustainability.• The practice told us that the challenges faced were due to time pressures. Patients wanted appointments with the principal GP even though there were other appointments available for example, with locum staff. The practice had taken some action to accommodate this including the introduction of telephone triage for those who wanted to consult with the principal GP and opening on a Wednesday afternoon. We had been told over the last two years that the GP partner would be returning to work at the practice, but this had not yet happened. However, we were assured that the partner would be returning to work soon.• We found there was a lack of visible managerial presence in the practice and lack of clear administrative support for clinical staff. We found that the principal GP took on a range of managerial and nursing roles which reduced their available clinical time. Practice staff tended to speak with the principal GP on a day to day basis with any issues arising. We were unable to clearly establish the working pattern of the practice manager, staff told us that they contacted the practice manager by telephone or email if needed.	

Vision and strategy

The practice had a vision and credible strategy to provide high quality sustainable care. However, not all staff were aware of this.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice shared with us during the inspection their vision to reduce inequalities. We found the principal GP was knowledgeable about their patients' needs and worked hard to support them and deliver high quality care. They worked long hours to deliver this. • Staff we spoke with were not specifically aware of the practices vision and values or had been involved in their development but told us they aimed to provide a caring service. • At our last inspection in January 2019 we found policies and procedures were not available to staff and were undergoing review. At this inspection, the practice had adopted the shared policies and processes from the wider provider organisation. These were accessible to all staff on a shared system. 	

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
There was a strong emphasis on the safety and well-being of staff.	N
There were systems to ensure compliance with the requirements of the duty of candour.	Partial
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Partial
The practice encouraged candour, openness and honesty.	N
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We received positive comments from both patients and staff about the principal GP. The GP was dedicated to providing high quality sustainable care for the patients. They had a good understanding of their patients' needs and sought to address these. There was a freedom to speak up guardian through the wider provider organisation. <p>However, we found:</p> <ul style="list-style-type: none"> Practice meetings had commenced to support inclusion of all staff and staff told us they found these useful. However, we were advised by management that practice staff were refusing to undertake various duties, this impacted on service delivery. We found some staff reluctant or unable to give feedback on the leadership of the practice. This did not demonstrate there was always a culture of openness. We received different responses from different staff as to the availability of management support in the practice and some staff did not want to respond to the question. Staff told us that they contacted the principal GP if they had any queries on a day to day basis. We found incidents and complaints being investigated and managed by staff involved in the complaint. 	

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

Source	Feedback
Staff interviews	Staff were very complimentary about the principal GP in particular. They told us that they were approachable, caring and worked hard for the patients.

Governance arrangements

There had been improvements in the governance arrangements supporting the management of the practice although further work was needed.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our last inspection in January 2019 we found the practice had a lack of structured governance arrangements in place and was unable to provide a significant amount of evidence to us as part of the inspection. At this inspection, we saw that the practice had a more structured approach to the governance of the practice. The practice had implemented a shared governance system to support the sharing of policies, procedures and other information across the whole team. Staff had recently been given training in using the system through the wider provider organisation. There were identified lead roles within the practice however, the practice leadership team were unable to demonstrate that the division of responsibilities had been considered to ensure effective oversight and delivery of the service. There was no contingency to support the ongoing delivery of the service in the absence of key staff members. The practice had recently introduced practice meetings which staff found helpful in understanding what was happening in the practice. There was no policy or process in place for the management of patient documentation requests. We saw several incidents of patients following up delays to requested documentation. We saw that staff did not have the necessary information or guidance available to them to respond. Reception staff were required to forward this on to management to respond but led to patient frustration at the front desk which impacted directly on the reception team. We saw examples of incidents that had not been recorded. While staff had been trained recently there was not a proactive approach by the management to collate and evaluate non-clinical incidents within the practice in order to support learning and improvement. 	

Managing risks, issues and performance

There were improvements in the processes for managing risks, issues and performance although further work was still needed to ensure these were fully effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our last inspection in January 2019 we found systems for managing local risks were not always effective. Although we saw evidence of improvement in the management of risks at this inspection for example, risks relating to premises, recruitment checks and staff training there were still areas for improvement. These included systems for the management of incidents, complaints, appraisals and information requests which were not fully effective in supporting learning and improvement. We found performance in relation to patient outcome data such as the quality outcome framework was in line with local and national averages. These were monitored by the principal GP who was able to demonstrate some areas of improvement. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

- At our last inspection we found management information was not always well organised or readily available when requested. At this inspection we found information was better co-ordinated and available to staff to support the management of the practice. The practice had implemented a shared governance system which enabled them to better manage information such as policies and procedures, incidents, complaints, safety alerts and staffing. All staff had recently received training in using this system.
- We found information relating to patient care and treatment was appropriate and available in a timely way to support decision making. The principal GP had a good understanding of their performance data and took action where needed to improve patient outcomes.

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice told us that they had a virtual patient participation group which they contacted directly for feedback. The practice had recently undertaken an inhouse patient survey (in January 2020). Patients could also provide feedback on the service through their website. • We saw some evidence that the practice had responded to the feedback from the GP national patient survey and their own inhouse survey. • Since our previous inspection in January 2019 the practice had introduced formal staff meetings for sharing information with staff and providing opportunities for practice staff to input into the service. 	

Feedback from Patient Participation Group.

Feedback
We were told that there was a virtual patient participation group (PPG). We saw four patients had been contacted by the GP to discuss specific questions such as pharmacist ordering medicines on behalf of patients and access. Actions stated that the discussions were to be discussed at practice meetings however, we saw no evidence of patient feedback being discussed in minutes seen.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice shared with us evidence of clinical audits which demonstrated quality improvements. 	

- We saw that staff had access to appropriate training for their roles and had appraisals in which learning and development needs were identified.
- Systems for reporting incidents had been strengthened, staff had recently been trained in the systems for reporting incidents to support learning. New staff meetings now had incidents as a standing agenda item for discussion and learning. However, further work was required to embed the process for example, ensuring all incidents were recorded and trends reviewed to identify any recurring themes.

Examples of continuous learning and improvement

- The principal GP advised us that they had signed up to participate in a trial to improve the treatment and care of children with coughs and acute respiratory tract infections being run by the University of Bristol.
- The practice provided regular weekly home visits to housebound palliative care patients to ensure their needs were being met.
- A new screen had been placed in the waiting area to promote health and wellbeing.

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.