

Care Quality Commission

Inspection Evidence Table

Fulham Cross Medical Centre (1-6744301662)

Inspection date: 30 January 2020

Date of data download: 29 January 2020

Overall rating: Requires improvement

The practice was rated as requires improvement overall because it did not have clear and effective processes for managing risks, issues and performance. The practice was also unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. The practice was however responsive to individual patients' needs and provided a caring and accessible service which patients valued.

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

Safe

Rating: Good

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.	Partial
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
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"> Practice staff were clear about their responsibilities in relation to safeguarding and the importance of raising any concerns immediately. They confirmed they would report any issues to the most senior clinician on site at the time and the practice manager. However, not all staff could identify the current practice lead for safeguarding. The practice had reviewed and updated its safeguarding registers before re-opening under the current partnership. The practice nurse had been trained to safeguarding level three in line with current guidelines. The practice safeguarding policies did not explicitly take account of patients using online services. The practice offered online access to appointments, patients' own medical notes and an electronic repeat prescription service. There were NHS-compliant protocols in place to verify the patient's identity before they were able to access these systems. 	

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

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: 28/06/2019	Y
There was a record of equipment calibration. Date of last calibration: 28/06/2019	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: 16/07/2019	Y
There was a log of fire drills. Date of last drill: 25/10/2019	Y
There was a record of fire alarm checks. Date of last check: 27/01/2020	Y
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 31/05/2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Fire alarm checks were conducted weekly. • As most staff worked part-time, all staff members had been trained as fire-marshals. • Actions identified and implemented following the fire risk assessment included the purchase of a fire blanket for the staff kitchen and high visibility vests for use during evacuation. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 07/11/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/11/2019	Y

Explanation of any answers and additional evidence:

The practice had carried out detailed specific risk assessments for example of substances on site that could be hazardous to health (COSHH); staff use of video display equipment; fire safety and the prevention and control of legionella.

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: 13/05/2019	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: The practice had acted on all recommendations in the infection control audit. For example, it had purchased new mops which met required cleaning guidelines and had removed unnecessary 'clutter' from the clinical rooms.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a generic induction programme and a locum pack for temporary GPs. Recently employed locum staff we spoke with on the day confirmed they had received an induction. However, the practice's induction process for permanent staff did not include documented, role-specific competency checks carried out by an appropriately qualified member of the practice team. The practice had recently held an in-house staff training and awareness update session on recognising the signs of sepsis. The practice planned for staff absence with locum and part-time staff providing flexible cover when required. The practice had implemented the actions outlined in an NHS alert about a new strain of corona virus circulating overseas. Patients calling or presenting with relevant symptoms of infectious illness were asked about their recent travel. The practice had made arrangements to keep patients isolated should the need arise. Staff understood the process for referring patients at risk of having contracted the illness for further testing. 	

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used an electronic system to store and update patients' medical records. The system was managed securely. However, we found that the quality and detail of clinical record keeping was variable. For example the clinicians did not always record the advice they had provided the patient on what to do if their symptoms did not improve or worsened following the consultation or treatment. • The doctors were allocated a 'catch-up' slot at the end of each session to give them time to manage tasks such as test results. • The practice had found it difficult to establish regular meetings with the community nursing team since re-opening but had liaised on an ad hoc basis in relation to individual patients. There had been one meeting in December 2019 with the community matron, primarily to review patients at the end of life or who were at risk of deterioration. We saw evidence that regular meetings were in the process of being set up by the practice managers for the rest of 2020. 	

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)	0.47	0.56	0.87	Significant Variation (positive)
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)	9.9%	9.4%	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) (NHSBSA)	4.83	5.49	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	0.88	0.82	2.08	Variation (positive)

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	Y
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> <ul style="list-style-type: none"> • Patients were able to request repeat medicines online which were then delivered to a pharmacy of their choice. The GPs did not prescribe medicines for the first time online or by telephone. • The practice carried out home visits to patients unable to attend the practice who were due for a medicines review. • The practice stocked most recommended emergency medicines. It had carried out risk assessments to show why it did not need to hold certain medicines, for example, because minor surgery was not carried out on the premises. • No medicines were stored in the doctors' bags. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	3
Number of events that required action:	2
<p>Explanation of any answers and additional evidence:</p> <p>The practice held meetings to discuss any significant events. Key points were shared by email in a weekly newsletter as not all staff members were able to attend every meeting.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The practice two-week wait referral follow-up system indicated that a patient had not attended their referral appointment. The practice contacted the patient who confirmed that the appointment had taken place and that there were no ongoing concerns.	The incident was reviewed as an example of a practice system that had worked well to prompt staff to check the patient had received appropriate and timely care.
Reception staff felt threatened by a group of people (not registered patients) loitering outside one evening and repeatedly entering the premises to use the toilets.	Reception staff contacted the managers (who were not at the surgery at the time) for advice and were directed to lock the doors as no more patients were booked, and to leave the premises together at the close of the session. The practice discussed and reviewed security arrangements following this incident. However it had not documented a formal premises risk assessment.
The practice identified an anomaly in pathology results for the same patient.	The practice brought the issue to the attention of the laboratory which identified the source of the error and reported that this had been corrected.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system to share, log and implement relevant safety alerts. The practice manager displayed recent alerts on the walls of the practice in the corridors as a reminder to staff and as information for interested patients. The latest alerts were discussed at practice meetings.</p>	

Effective

Rating: Inadequate

The practice was rated as inadequate because its performance was significantly below average for its management of long-term conditions; uptake of childhood immunisations and cervical screening coverage. The practice had been suspended from operating for part of the year as it was incorrectly registered. In the time since re-opening, it had not yet completed patients' outstanding reviews for long-term conditions.

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:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.39	0.71	0.74	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any changes.
- The practice carried out structured annual medication reviews for older patients. It was implementing a catch-up process for patients whose reviews were overdue due to the practice having been closed for part of the year.
- 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: Inadequate

Findings

- Practice performance as measured by the Quality and Outcomes Framework was below average across most clinical indicators in 2018/19. This was due to the practice having been closed for part of the assessment year.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice was implementing a catch-up process for patients whose reviews were overdue.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care. The practice was in the process of arranging regular multidisciplinary team meetings on the premises.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. However, we were not assured that the practice had effective processes in place to assess the competencies of new staff or staff changing roles. For example, the practice could not show us evidence of clinical supervision, competency checks or reviews in relation to asthma reviews carried out by the healthcare assistant.
- The practice ran an in-house diabetes clinic which was attended by a specialist diabetes nurse consultant to review patients with complex or poorly controlled diabetes. The nurse worked alongside a GP and the healthcare assistant to provide a 'one stop shop' style session and had provided training to the team members involved.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. This was provided at one of the other practices in the local primary care network.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	62.8%	77.9%	79.3%	Variation (negative)
Exception rate (number of exceptions).	1.1% (1)	12.0%	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>	56.5%	74.9%	78.1%	Variation (negative)
Exception rate (number of exceptions).	2.3% (2)	11.3%	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>	54.8%	78.6%	81.3%	Significant Variation (negative)
Exception rate (number of exceptions).	3.4% (3)	10.9%	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>	65.5%	72.9%	75.9%	Tending towards variation (negative)
Exception rate (number of exceptions).	1.1% (1)	5.8%	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	54.5%	86.5%	89.6%	Significant Variation (negative)

31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	4.3% (1)	11.0%	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>	64.6%	80.5%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	3.1% (5)	7.4%	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>	88.9%	89.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.9%	5.9%	N/A

Families, children and young people

Population group rating: Inadequate

Findings

- The practice had not met the minimum 90% target for four of four childhood immunisation uptake indicators. Published uptake rates were particularly low for the two-year old cohort of children. We were told this was because the practice had been closed for part of the year. The practice had unverified data suggesting that the current uptake rate for this cohort was 88%.
- The practice had taken steps to encourage parents to have their children vaccinated and to ensure immunisation records were up to date. For example, the practice now requested that newly registering parents provided evidence of immunisations already received by their children. This was particularly useful with families who were new to the UK. The practice also contacted the parents or guardians of children due to have childhood immunisations with reminders.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and liaised 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.
- We saw evidence that the practice routinely assessed relevant patients for post-natal depression and referred and followed up these patients when depression was indicated. The clinicians were not however always documenting a suicide risk assessment.
- Young people could access the practice for sexual health advice and various methods of contraception including the contraceptive injection. Patients were signposted to local sexual health services in the community if they were interested in long acting reversible contraceptive methods, such as sub-dermal implants.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	20	25	80.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	10	19	52.6%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	12	19	63.2%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	11	19	57.9%	Below 80% uptake

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

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- Published data showed that the practice's cervical screening coverage was markedly below the national target of 80%. Fewer than half of eligible patients had a recorded smear carried out in line with recommended frequency guidelines in their records.
- The practice had systems, most recently a poster campaign, to inform eligible patients to have the meningitis vaccine, for example before starting at university.
- 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)	47.1%	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)	45.8%	60.6%	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)	27.6%	41.7%	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)	10.0%	50.6%	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)	85.7%	52.7%	53.8%	No statistical variation

Any additional evidence or comments

The practice was aware that its cervical screening uptake rate was low, particularly for younger women. This was partly because the practice had been closed for part of the year. However, the practice continued to face challenges as its previous practice nurse had left and had been replaced by a locum nurse who was a trained smear-taker but was male. We were told that the practice was monitoring progress and the female GPs were also available to women who wanted a cervical smear carried out by a female staff member.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with learning disability were offered an annual health check with the health care assistant.
- The practice was keen to improve communication with the palliative care team to ensure that end of life care was delivered in a coordinated way. We saw evidence that the practice was actively trying to engage with this team since re-opening.
- 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. Patients requiring further support were referred to local drug and alcohol services.

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

- Practice performance as measured by the Quality and Outcomes Framework was markedly below average across most mental health indicators. This was due to the practice having been closed for part of the year.
- The practice conducted annual mental health reviews with patients with severe mental illness. The clinical records of some reviews we saw were sometimes brief however and should have included more information. For example, reviews did not always clearly note whether the patient's condition was stable or worsening.
- The clinicians had access to a template within the clinical records system to systematically assess patients at risk of suicide or self-harm. When patients were assessed to be at risk the practice had arrangements in place to help them to remain safe. Clinicians were aware of local crisis arrangements. Assessments had not always been documented in relation to patients with post-natal depression however.
- The practice assessed and monitored the physical health of people with mental illness opportunistically during consultations and by providing access to health checks, advice on healthy living, cancer screening where appropriate, and access to in-house 'stop smoking' services.
- Patients could access counselling for mental health problems. The practice provided information about these services or could directly refer patients.
- Patients at risk of dementia were offered an assessment using a recognised clinical tool. When dementia was suspected or diagnosed, patients were referred to specialist services. The GPs carried out annual reviews with patients diagnosed with dementia which included advance care planning.

--

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>	14.3%	87.9%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	12.2%	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>	14.3%	89.5%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	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>	100.0%	82.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.6%	6.7%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	353.3	524.7	539.2
Overall QOF score (as a percentage of maximum)	63.2%	94.0%	96.7%
Overall QOF exception reporting (all domains)	2.1%	7.4%	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.	Partial
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took	Y

appropriate action.	
---------------------	--

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

- | |
|--|
| <ul style="list-style-type: none"> • The practice was developing a programme of quality improvement, for example working on medicines audits with the clinical pharmacist who was attached to the practice. • It had also carried out an initial audit cycle of bowel screening and two audit cycles of the RCGP ‘Daffodil standards’ for palliative care. As a result of the palliative care work, the practice had trained staff; was monitoring its use of the ‘Coordinate my Care’ system and had improved coding. It had not been able to measure anticipated improvements in documentation of patients’ next of kin and carers as there had been no deaths since the baseline audit. |
|--|

Effective staffing

The practice was unable 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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
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
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	N

Explanation of any answers and additional evidence:

- Clinical staff were appropriately qualified for their roles.
- The healthcare assistant had been employed prior to 2015 but was working towards completing the Care Certificate for Health Care Assistants.
- The healthcare assistant had written protocols to refer to and used standardised templates on the records system when completing health checks or reviews.
- We were told that the lead GP provided clinical supervision to other clinical staff including the nurse and the health care assistant. However, this tended to be informal in nature and was not documented.
- The health care assistant received an annual appraisal but this was conducted by the practice manager and had not involved a clinician.
- The lead GP was conducting regular supervision and a records review for a clinical colleague but was not documenting the results. The clinical records we reviewed during the inspection were not always comprehensive. This had not been identified as an area for improvement.

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) <small>(QOF)</small>	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.	N/A

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 was taking part in a project to encourage eligible patients to participate in bowel cancer screening. The practice provided chlamydia testing kits from the reception desk. 	

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>	89.4%	94.5%	95.0%	Variation (negative)
Exception rate (number of exceptions).	0.3% (1)	1.4%	0.8%	N/A

Consent to care and treatment

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

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

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice was able to provide examples of how it responded to patients' cultural and religious needs, for example by providing a prayer room and mat.	

CQC comments cards	
Total comments cards received.	31
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comments were wholly positive about the service and the staff. Patients described the staff team as friendly, welcoming and professional and the service as excellent. Patients told us they had a high level of trust in their health professionals and the quality of clinical care and advice they received.
NHS Choices	Online reviews for the practice following its re-opening were all positive at the time of the inspection.

National GP Survey results

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)	86.4%	86.2%	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)	83.7%	83.1%	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)	95.4%	93.5%	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)	81.3%	80.3%	82.9%	No statistical variation

Any additional evidence or comments

Patient responses to the national GP patient survey relate to the service prior to its re-opening in June 2019. The current partners and most members of the staff team worked at the practice prior to the closure. The results therefore are relevant and are included here.

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

Any additional evidence

The practice's own patient feedback exercises (including feedback from the patient participation group and the Friends and Family Test survey) also showed that patients were satisfied with the service.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients had access to an attached social prescriber who attended the practice for one session a week. The social prescriber was able to signpost patients to further information and local services to address social needs. 	

Source	Feedback
Interviews with patients	We received positive comments from patients about being involved in decisions. A consistent theme from the comments we received was that the clinical staff and the health care assistant were good at listening and explaining things without rushing.

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)	97.8%	91.4%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence: The practice had expanded its website with a directory of local community resources. The website included a translation facility.</p>	

Carers	Narrative
Percentage and number of carers identified.	21 (1%)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • The practice provided leaflets for carers and young carers, poster displays and on the information screens. The leaflets had been designed in-house. • Carers received priority for appointments and longer appointments. • Carers were offered health checks, flu vaccination and referral to the local carers centre for support and advice in relation to benefits, legal advice and respite care or short breaks.
How the practice supported recently bereaved patients.	Bereaved patients were contacted and referred to bereavement support services if appropriate. Counselling services for children were available. The practice offered its condolences when contacting bereaved patients.

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
<p>Explanation of any answers and additional evidence:</p> <p>There were arrangements in place to protect patient privacy during intimate examinations, for example consultation room doors were locked to prevent any unexpected interruption.</p>	

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.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not provide online consultations. Telephone consultations were recorded and patients informed of this.</p>	

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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us that they endeavoured to provide continuity of care but this was not always easy to arrange quickly because the clinicians worked part-time. • All consultation rooms were located on the ground floor. The premises and facilities were accessible to people with disabilities. • The practice could book interpreters who attended the practice in person. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-7.30pm
Tuesday	8am-6.30pm
Wednesday	8am-7.00pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	Morning and afternoon, plus evening session
Tuesday	Morning and afternoon
Wednesday	Morning and afternoon, plus evening session
Thursday	Morning and afternoon
Friday	Morning and afternoon
	Appointment times vary by clinician

National GP Survey results

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)	94.1%	92.1%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- The practice was responsive to the needs of older patients. It offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice identified and recorded details of carers and next of kin to ensure contact could be made in case of emergency.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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 patient participation group (PPG) included patients with long-term conditions

Families, children and young people

Population group rating: Good

Findings

- Appointments with a GP or nurse were available outside school hours.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments with a male or female GP were available on request.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure the service was accessible to working patients. This included provision of online appointment booking and telephone consultations.
- The practice was able to offer patients consultations with a male or female GP. The female GPs also carried out cervical screening for patients who preferred not to have this procedure carried out by a male nurse. However, this option was only available on certain days of the week and had the potential to continue to limit uptake. We were not assured that the practice had a clear strategy to improve cervical screening uptake rates.
- The practice was open until 7.30pm on a Monday and 7pm on a Wednesday.
- Pre-bookable evening and weekend appointments were also available to all patients at other practices within the area.
- The practice sent text message appointment confirmation & reminders to patients who had signed up for the service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice used the Coordinate My Care system to share key information about patients' decisions at the end of life with other services, such as the ambulance service.
- An attached link worker attended the practice one afternoon a week to support patients requiring additional support with social issues such as benefit problems and housing.

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 had taken advice on how to create a dementia-friendly environment and had purchased a dementia-friendly clock for the waiting area and improved the internal signage, seating and lighting.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	90.1%	N/A	68.3%	Variation (positive)
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)	91.6%	68.7%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	83.9%	65.4%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	85.8%	69.8%	73.6%	No statistical variation

Source	Feedback
Comment cards	Patients commented that access to the service was very good and said that appointments were available within a week. It was clear that patients valued this aspect of the service.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with were clear about the complaints process and told us they would try to resolve any problems as soon as they were made aware of them. • The practice followed up complaints to check that patients understood the written response and the problem had been resolved. The practice complaints procedure included information about how patients could escalate the complaint if they remained unhappy with the practice's response. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained after their appointment was cancelled without their knowledge.	The practice identified that a mistake had been made in this case and the cancellation made in error. A written apology was sent to the patient with an explanation of changes made to prevent this type of error happening again. The complaint was discussed by the practice team and a check put in place to ensure that cancellations were appropriately authorised.

Well-led

Rating: Requires Improvement

The practice was rated as requires improvement for providing well-led services. This was because the practice did not have clear and effective processes for managing risks, issues and performance.

Leadership capacity and capability

There was evidence of compassionate, inclusive and effective leadership.

	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.	Partial
Staff reported that leaders were visible and approachable.	Y
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 had recently reopened under a new partnership and the leadership were focusing on establishing the practice rather than on succession arrangements.• The leaders had identified workforce issues as the most pressing challenge for the practice. The previous practice nurse had left during the period of suspension. Since re-opening, the practice had secured a locum nurse and was reviewing longer term options to meet patients needs. At the time of the inspection, this was work in progress.	

Vision and strategy

The practice had a clear vision but it was not yet supported by a credible strategy to provide high quality sustainable care.

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

Explanation of any answers and additional evidence:

- The practice had a clear vision to provide a high-quality service to the local population.
- Since re-opening, a key business priority was to encourage new patients to register and the practice could demonstrate some success with this.
- There were plans to allocate areas of interest to the clinicians to help improve the practice's measured performance for example on the Quality and Outcomes Framework.
- The practice had a strategy for meeting the national cervical screening target which included making use of locally available screening appointments provided by the local GP Federation and publicising this service to patients. The practice provided figures following the inspection showing it had made some improvement but it remained below both the local average and national target. It had not been successful to date in recruiting a female nurse.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff (including locum staff) spoke very positively about the working culture at the practice and were able to give us examples where they had raised concerns or questions. 	

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

Source	Feedback
Staff interviews	Staff and clinicians consistently told us they enjoyed working at the practice, that the leaders were approachable and they thought patients received a good service. Staff said they were encouraged to develop in their roles.

Governance arrangements

The overall governance arrangements required improvement.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff were clear about their own roles and responsibilities and had access to written policies. However, some members of the team were unclear about key roles and protocols such as who the named safeguarding lead was. This lack of clarity could potentially risk delay. • Staff consistently told us that changes were communicated well at staff meetings and by email. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y

Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were limited or informal processes for clinical oversight and supervision. For example, we were told that the GP partner carried out a records audit with one of the clinicians but this had not been documented. • Similarly we were told that the health care assistant had regular time with the GPs to reflect on practice. But again this was not documented. • The practice did not carry out and document competency checks when staff took on new roles. • We noted variable quality of information recording in clinical records/templates across the team. This had not been identified by the leaders as an area for improvement. • The practice had started to carry out clinical audits since re-opening. 	

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.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was able to demonstrate how it had used information about its performance in the period since it had re-opened, for example to catch-up on the backlog of patients who were due for annual reviews for long-term conditions. • Practice leaders were aware of areas where practice performance was below average and for most areas of performance had clear plans to address these. We were not however convinced that the practice had effective plans or the resources in place to meet the national cervical screening target or to achieve comparative screening uptake levels to other practices in the area. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held patient records on an electronic system. Patients were able to book online appointments, request repeat prescriptions and their own notes. These systems were designed in line with national digital security standards.</p>	

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> <p>The practice was responsive to ideas for improvement. For example, the patient participation group had suggested that the practice provide an area specifically for children in the waiting area and this had been implemented.</p>	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a strong focus on continuing learning and improvement. Staff were encouraged to develop and complete relevant training.• However, the practice did not document all of its improvement activity (for example, records reviews) to help ensure improvements were sustained.• The practice had acted on recommendations made at previous inspections.	

Examples of continuous learning and improvement

- The practice did not yet have a comprehensive programme of quality improvement in place.
- The practice had carried out some clinical and administrative audit work.
- The practice had participated in local project to improve the uptake of bowel screening.
- Staff had also attended learning sessions about the RCGP 'Daffodil standards' for palliative care.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.