

Care Quality Commission

Inspection Evidence Table

The Laurie Pike Health Centre (1-540378439)

Inspection date: 4 March 2020

Date of data download: 18 February 2020

Overall rating: Requires Improvement

At our previous comprehensive inspection in February 2019 we rated the practice as Requires Improvement overall. The practice is still rated as Requires Improvement overall because there were ongoing gaps to support adequate infection prevent and control, a decline in patient satisfaction rates, particularly with regards to accessing the practice by phone and low uptake rates across childhood immunisations and cervical screening.

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

Safe

Rating: Requires Improvement

At our previous comprehensive inspection in February 2019 we rated the practice as Requires Improvement for providing safe services. The practice is still rated as Requires Improvement in this area because although we noted some improvements to infection prevention and control since our last inspection, there were ongoing gaps in record keeping to support good infection control practices.

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

Safeguarding	Y/N/Partial
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
Explanation of any answers and additional evidence: Staff we spoke with demonstrated a good understanding of safeguarding principles and knew how to raise and report a safeguarding concern. We saw evidence to support that regular safeguarding meetings took place with representation from other health and social care services. Staff had completed training in Identification and Referral to Improve Safety (IRIS) in domestic violence and abuse.	

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
Explanation of any answers and additional evidence: We saw that when locums were used, appropriate pre-employment and ongoing training checks were completed through a locum agency. There was also a comprehensive locum pack in place at the practice.	

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: The Laurie Pike Health Centre: 29 July 2019 Shanklin House branch surgery: 10 September 2019	Y
There was a record of equipment calibration. Date of last calibration: The Laurie Pike Health Centre: 29 July 2019 Shanklin House branch surgery: 10 September 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 18 November 2019	Y
There was a log of fire drills. Date of last drill: 7 October 2019	Y
There was a record of fire alarm checks. Date of last check: 28 February 2020 (weekly)	Y
There was a record of fire training for staff. Date of last training: 5 February 2020	Y
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: 27 January 2020	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: There was evidence of completed actions following the practices fire risk assessment, actions included the installation of new fire rated hinges on the practices fire doors at the Laurie Pike Health Centre. The practice was unable to locate the cleaning folder for the branch practice, Shanklin House Surgery, during the inspection. Therefore there was no evidence of COSHH risk assessments for the control of substances hazardous to health available at Shanklin House.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6 January 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 January 2020	Y
Explanation of any answers and additional evidence: N/A	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not always 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 audits: The Laurie Pike Health Centre: 27 February 2020 Shanklin House branch surgery: 25 February 2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Whilst the practice provided evidence of cleaning schedules for the Laurie Pike Health Centre, they were unable to locate the cleaning folder for the branch practice, Shanklin House Surgery, during the inspection. Therefore there was no evidence of cleaning schedules at Shanklin House. In addition there was no evidence of completed cleaning records in place to confirm that rooms and areas had been cleaned by the cleaning company. However, we were aware that the practice and their provider organisation, the Modality Partnership, had been in contact with the cleaning provider to request that these records were completed but had been unsuccessful in this request. This was an ongoing issue which was also raised at our last comprehensive inspection in February 2019 where we noted the practices efforts in obtaining these cleaning documents. During this inspection members of the management team explained that as they were approaching the end of their contract with their	

cleaning provider they were exploring other cleaning organisations with a view to change their provider as a priority. We saw that a meeting with the current cleaning company had taken a place a day prior to this inspection and that the practice had prepared a proposal for their boards approval to change their provider.

There was evidence of efforts to improve infection prevention and control measures in some areas at this inspection, for instance there was evidence in place to demonstrate that carpets at the branch practice (Shanklin House) had been deep cleaned since our last inspection, staff also confirmed that these were not in clinical or treatment areas. We also saw evidence of Legionella risk assessments for both sites; this evidence was not available for both sites at the last comprehensive inspection.

However we also noted ongoing gaps in some areas, for instance:

- Clinical staff informed us that they cleaned their medical equipment however admitted that they did not keep full records to support this. For instance, staff did not log every time they cleaned their personal equipment such as in ear thermometer or stethoscopes. This was highlighted as part of our last comprehensive inspection in February 2019.
- Monthly infection prevention and control audits were carried out across both practice sites. There was some evidence of actions completed following audits, such as adding hand gels to areas where necessary at both Laurie Pike and Shanklin House sites. However, we noted that the audits for both sites listed repeated issues with no indication to demonstrate or assure that infection control risk had been mitigated or managed.
- For instance, Laurie Pikes audits for December 2019, January and February 2020 made reference to a dirty sink and walls in the practice with no indication if this had been addressed. Similarly, the audits for Shanklin House highlighted broken and dirty blinds which were highlighted on the audits in December 2019, January and February 2020. There was no indication in the records to note if this was being addressed and on inspection of the branch surgery there was evidence of un-clean and broken blinds on the premises.
- There was no evidence of spill kits in place at our inspection of Shanklin House, staff advised that they were in the nurse's room however these were not in place here on the day of our inspection.

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.	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.	Y
Explanation of any answers and additional evidence: N/A	

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: The practice monitored their referrals closely and ensured that any non-attenders were followed up, we saw records supporting this process.	

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)	0.60	0.89	0.87	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)	3.7%	5.7%	8.5%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	4.83	5.28	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)	1.22	1.59	2.08	Tending towards 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.	Y
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

Medicines management	Y/N/Partial
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
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"> Published data from the NHS Business Service Authority (NHSBSA) showed that the practices prescribing performance was positive for the prescribing of antibiotics (2018/19) and oral Nonsteroidal anti-inflammatory drugs (NSAIDs) (for April/September 2019). The practice had strengthened their record keeping with regards to the system for monitoring the whereabouts of prescription stationery, evidence viewed on inspection was demonstrative of a comprehensive and effective system in place. There was evidence to support that patients had their medicines reviewed in line with recommended guidelines and timeframes. 	

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:	26
Number of events that required action:	26
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence to demonstrate that incidents and significant events were discussed in formal practice meetings. In addition, themes were analysed and discussed in annual review meetings. Significant events were also discussed during the practices daily huddles where staff discussed key</p>	

topics including clinical matters, various medical and safety alerts, daily home visit requests, safeguarding and vulnerable patients.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Patient booked in for a medicines review with pharmacist instead of an appointment with a clinician.	The significant event record noted that it was unclear as to what was articulated with the receptionist on booking the appointment however preventable factors were reflected on in practice which included reiterating correct questioning required by receptionists, to ensure appointments are booked in with the most appropriate healthcare professional. The significant event was revisited one month later whereby it was noted that receptionists were aware of the criteria for booking appointments with the pharmacist.
Patient collected a prescription for a Disease-modifying anti-rheumatic drug (DMARD) without undergoing the required specific monitoring via secondary care.	On identifying this issue the practice immediately removed the medicine from the patients repeat medicines list and recorded a significant event. Discussions took place in the practice and were documented in the significant event record and corresponding meeting minutes. Prescribers were reminded to familiarise with local formulary and prescribing guidelines for DMARDs and to be aware of the relevant monitoring requirements and shared care agreements. Systems were strengthened with the encouragement of read codes, prescribing reminders and alerts.

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 record and monitor the dissemination of their alerts, there were records in place which showed alerts had been shared and acted on where required. We saw several examples where patients had been informed, medicines had been changed and counselling offered where required following receipt of various medicines safety alerts in the practice.</p>	

Effective

Rating: Requires Improvement

At our previous comprehensive inspection in February 2019 we rated the practice as Good for providing effective services. The practice is now rated as Requires Improvement in this area because the practice could not demonstrate improved uptake for childhood immunisations and cervical screening for the families, children and young people and working age population groups.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff could access best practice guidance through a shared clinical computer system. Staff we spoke with were aware of these and we saw that they were using them. Published data from the NHS Business Service Authority (NHSBSA) showed positive trends for the prescribing of Hypnotics. 	

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>	0.12	0.70	0.74	Significant Variation (positive)

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.

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had a high prevalence of patients with diabetes, the practice offered a nurse-led diabetes clinic and had monthly support from a diabetes specialist nurse.
- 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.
- The practice had a high prevalence of patients with hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins and 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 and patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.2%	77.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	10.3% (143)	12.3%	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>	71.3%	76.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.1% (85)	10.0%	9.4%	N/A

	Practice	CCG average	England average	England comparison
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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>	74.0%	78.4%	81.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	13.7% (191)	11.9%	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>	75.7%	75.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.8% (47)	4.3%	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>	94.4%	88.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	18.8% (29)	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>	80.0%	80.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (166)	4.4%	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>	89.9%	91.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	11.9% (16)	4.3%	5.9%	N/A

Any additional evidence or comments
QOF data for the 2018/19 period highlighted a negative variation with regards to patients with diabetes whose last measured total cholesterol (within the preceding 12 months) was 5 mmol/l or less. Staff explained that this had been identified and was being actively managed in the practice through the recently improved call and recall system, this involved streamlining their previous systems in to one and calling patients in based on birth month. The practice had a high prevalence of patients with diabetes

and were working through their call and recall system at the time of our inspection. As these changes were introduced in January the practice was not in a position to provide data to demonstrate improvement at the point of our inspection however we were assured by our review of their new process and system in relation to this.

We observed the practices process for exception reporting during our inspection. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excluded; following three attempts from the practice. Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that any vulnerable patients were not inappropriately excluded. There was clinical oversight of the practice's exception reporting, this was supported by the GPs.

Exception data was made available during our inspection, this data showed a reduction in exception reporting and reflected the period of April 2019 to December 2019. For example, exception rates for Hypertension had reduced to 3.11%. This data was unverified, unpublished data.

Families, children and young people

Population group rating: Requires Improvement

Findings

- 2018/19 NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were below the minimum 90% target and the 95% World Health Organisation (WHO) target across the four childhood immunisation uptake indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care and 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.
- 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)	249	293	85.0%	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)	261	292	89.4%	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)	258	292	88.4%	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)	249	292	85.3%	Below 90% minimum

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

Any additional evidence or comments

- Staff we spoke with described their population as transient, this sometimes presented challenges in getting families and children in for immunisations. In addition, staff advised that some families did not want certain vaccinations, sometimes due to cultural reasons and personal preference. To help with this the practice was continuing with efforts to educate and engage patients with regards to the childhood immunisations programme.
- The practice contacted the parents or guardians of children due to have childhood immunisations and any missed immunisation appointments were followed up via telephone call from a nurse or GP, formal correspondence was also sent by the practice as part of this process. Any repeated failed attendances were escalated and where necessary, safeguarding concerns were raised.
- The practices fourth year medical students were in the process of starting a quality improvement project which focused on calling families and carers in for baby immunisations.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Public Health England (PHE) data showed that the practice had not met targets for cervical screening and the practices uptake for bowel cancer screening was below the CCG and England

average. Current unverified and unpublished data provided by the practice during our inspection demonstrated efforts to engage patients in both screening programmes.

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). (01/07/2019 to 30/09/2019) (Public Health England)	59.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	64.0%	65.6%	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)	38.1%	44.0%	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)	43.6%	68.2%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	54.3%	48.5%	53.8%	No statistical variation

Any additional evidence or comments

The July/September 2019 published data from PHE showed that the practice had not met targets for cervical screening (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64).

Current unverified and unpublished data provided by the practice during our inspection showed that invites for cervical screening had been sent to 62.4% of their patients aged between 25-49 and to 85.5% of their patients aged between 60-64. This data demonstrated efforts to engage patients in the screening programme but did not show uptake rates and is therefore not comparable with PHE data.

There was evidence to confirm that sample takers were trained and up to date with their training requirements. There were failsafe systems in place to ensure that a screening result was received for every sample submitted to the lab. The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.

Staff explained that the practice were completing a drive to improve their cervical and bowel cancer screening uptake. This included hosting a cervical screening week at the practice in January. The practice was also focusing on engaging their younger population in screening programmes and were utilising text messaging, making phone calls and sending letters out to encourage screening and to education patients

on its importance.

The published 2018/19 data for bowel cancer screening showed the practices uptake as below the CCG and England average. Unverified and unpublished data provided by the practice during the inspection showed that out of 941 patients contacted and sent kits for bowel cancer screening, 492 engaged in screening and 449 did not attend or engage. We saw that the practice was working through these and had so far contacted 356 of these patients to offer a re-test and provide education about the screening programme.

PHE data for breast cancer screening was comparable with the local Clinical Commissioning Group (CCG) average.

We saw that patients who were newly diagnosed with cancer had received a review and reviews were being scheduled for those where needed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed vulnerable patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

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>	96.1%	91.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	24.4% (66)	14.1%	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>	94.7%	92.3%	90.2%	No statistical variation
Exception rate (number of exceptions).	22.9% (62)	11.1%	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>	71.2%	83.4%	83.6%	No statistical variation
Exception rate (number of exceptions).	15.4% (12)	7.8%	6.7%	N/A

Any additional evidence or comments

We observed the practices process for exception reporting during our inspection. We saw the practice followed an appropriate process for exception reporting we were received assurance to confirm that in addition any vulnerable patients such as those experiencing poor mental health (including patients with dementia) were not inappropriately excluded. Exception data was made available during our inspection, this data showed that zero patients with dementia had been exception reported with regards to documenting and reviewing their care plans. This data was unverified, unpublished data however provided assurance that this had improved.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546.2	537.4	539.2
Overall QOF score (as a percentage of maximum)	97.7%	96.2%	96.7%
Overall QOF exception reporting (all domains)	9.1%	6.7%	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 operated an effective audit programme to identify and embed improvements within the practice and to improve patient outcomes. For example, the practice reviewed all housebound patients and patients over the age of 80 with no contact with a clinician at the practice within the preceding 12 months. This resulted in a variety of actions taken across the six patients identified including medicines reviews, blood tests, referrals to other health services and a new diagnosis of diabetes was identified and followed up appropriately. The audit highlighted that the practice had seen all their housebound patients within the preceding 12 months. Other audits included prescribing audits and an audit focusing on patient deaths. This resulted in improvement areas such as the development of a death template in the practice, registration of next of kin details and signposting for bereavement support.

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.	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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: Staff learning, and development needs were continually monitored, and the practice operated an effective system for checking and ensuring that staff were up to date with key training and professional registration requirements.	

Since our previous comprehensive inspection in February 2019 the practice had recruited a new patient services manager, established clinical leads were in place and the team had grown with the recruitment of more administrative staff, nurses, GPs and a musculoskeletal (MSK) practitioner.

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-centered 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: We saw evidence of regular engagement and joint working with other health and social care services. We saw evidence to support that patients receiving palliative care had information shared in a timely and effective way and received joined up care as required.	

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
Explanation of any answers and additional evidence: N/A	

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>	92.7%	95.7%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (53)	0.8%	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: Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was obtained for immunisations and minor surgery procedures.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. However some of the feedback from patients was negative 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-judgmental 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: During our inspection we observed that receptionists and staff on the phone were polite, respectful and helpful with patients.	

CQC comments cards	
Total comments cards received.	Two
Number of CQC comments received which were positive about the service.	Zero
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	One

Source	Feedback
CQC Comment Cards	The two comment cards contained mixed feedback with regards to staff. Some comments described staff as polite and helpful whereas other comments were less positive regarding staff on the front desk.
Practices NHS Website	There were 87 reviews on the practices NHS website, we noted that a majority of the recent comments made for the year so far were negative, highlighting issues accessing appointments and getting through to the practice by phone.
Interviews with patients	On this occasion patients did not wish to speak with us when we gave them the option to feed back to the inspection team during our 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)	78.4%	83.1%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	72.2%	80.3%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	88.7%	91.9%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	55.0%	73.3%	82.9%	Significant Variation (negative)

Any additional evidence or comments

We noted a decline in satisfaction rates across certain areas of the national GP patient survey since our last comprehensive in February 2019, however the practices responses on their in-house survey were more positive. 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 decreased from 86.9% for the period of January/March 2018 to 78.4% for January/March 2019. However, we saw that in the practice’s internal patient surveys for October/November 2019 and January/February 2020, most of the participants were happy with how the healthcare professional had answered their questions. In addition, most participants responded positively to how their follow up care was explained to them.
- Those 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 decreased from 79.89% for January/March 2018 to 72.2% for January/March 2019.
- The percentage of respondents who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had reduced from 94.5% for January/March 2018 to 88.7% in January/March 2019.
- Satisfaction rates for the overall experience of the GP practice had also reduced from 60.3% in January/March 2018 to 55% in January/March 2019. Results from the practices more recent internal survey in January/February 2020 were more positive with regards to care and treatment satisfaction rates, with most respondents rating their experience of care overall as excellent, very good or good.

We discussed the survey results with some of the members of the management team during our inspection. The team was aware of the results, these were discussed during formal meetings. Managers were not aware of any concerns regarding individual staff members or any such themes which may have contributed towards the drop in satisfaction rates regarding care and/or treatment.

Staff we spoke with expressed that the January/March 2019 responses on the national GP patient survey were likely to have stemmed from patients’ frustrations and issues accessing the service around this time. The survey reflected a period of change where in January 2019 the practice had changed from operating a centralised call centre system and had bought this process in-house so that all calls were handled by the practice and staff who were more familiar with the practices patients. Staff advised that both the practice and patients were having to adapt to the new phone system during this period.

During our inspection staff described a number of ongoing actions to improve access overall and were confident that this would improve patient experience. Staff informed us that patient feedback was usually positive regarding care and treatment and this came through in individual GP surveys and appraisals which were more positive regarding patient experience.

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

Any additional evidence

The practice completed in-house satisfaction surveys as a way of monitoring patient experience and satisfaction rates. We saw that action plans were in place following survey analysis and that the practice also compared year on year results from the national GP patient survey.

- 50 patients participated in the practices October/November 2019 survey. Results from this survey showed that most patients were happy with how the healthcare professional had answered their questions.
- 28 of the participants noted that that were happy with how there follow up care was explained to them, eight were unhappy about this and other participants did not respond to this question.
- Most of the respondents were positive with regards to their experience with the reception team. For instance 20% described this experience as excellent, 20% as very good, 16% as good an 18% as fair.
- Results from the more recent survey in January/February 2020 were also more positive with regards to care and treatment satisfaction rates. Ninety six participants completed this survey and most of them rated their experience of care overall as excellent, very good or good.
- Most of the participants were happy with how the healthcare professional had answered their questions, describing this as extremely well or very well. In addition, most participants responded positively to how their follow up care was explained to them.

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 engaged in social prescribing programmes and signposted patients to Route to Wellbeing where patients could access local-community based services. This service provided a wide range of advice, guidance and access across areas including health, home care, victim and family support. The practice also worked closely with DISC, a service where patients and carers could access Dementia information and support.	

Source	Feedback
CQC Comment Cards	Although the two comment cards contained mixed feedback overall, there were no comments to indicate that patients were not involved in decisions when receiving care and treatment at the practice.

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)	88.1%	88.0%	93.4%	No statistical variation

Any additional evidence or comments

Results on the national GP patient survey in response to questions about involvement in care and treatment decisions were comparable with the local and national averages.

	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: The practice served a diverse population and interpreters were offered for all languages with extended appointments available for those requiring them.	

Carers	Narrative
Percentage and number of carers identified.	310 carers, 2% of the practices list
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • There was a carers pack in place which contained a range of supportive and signposting information for carers to take away. • The practice had a carers board which contained useful information for carers. • Carers were offered health checks, health screening and flu vaccinations. • Carers meetings took place at the practice each month through a monthly session called 'Making Space'. This was in addition to successful annual carer events held by the practice. As a result of the 2019 event, nine more carers were identified, 41 carers health checks were completed, 20 dementia care plans were completed and both DISC and Forward Carers received over 26 patient contacts and 16 new referrals to their services.
How the practice supported recently bereaved patients.	The practice sent letters with condolences to support recently bereaved patients, patients were also signposted to support

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: The practice had improved confidentiality measures at the Shanklin House branch since our last inspection in February 2019. A quiet room was available and signposted for patients. Staff also confirmed that additional rooms were available to patients if needed for any private discussions.	

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	Y
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.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence: The service offered online video consultations to their patients through Push Doctor. This is a separately registered service with the Care Quality Commission (CQC). Patients who requested a video consultation were given the details of an app to download. Patients were asked for identification before proceeding with their consultation. Consultation notes are directly entered on to the patients record by the Push Doctor GP.	

Responsive

Rating: Requires Improvement

At our previous comprehensive inspection in February 2019 we rated the practice as Requires Improvement for providing responsive services. The practice is still rated as Requires Improvement in this area because we noted a decline in patient satisfaction rates across areas, particularly with regards to accessing the practice by phone which is relevant to all population groups.

Responding to and meeting people's needs

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

	Y/N/Partial
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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: The practice offered some services at both The Laurie Pike Health Centre and Shanklin House branch surgery and through the practice's provider organisation, the Modality Partnership, patients could also access a range of additional services through direct referral. These included dermatology, rheumatology, urology, gynecology, ENT (Ear nose and throat) care, cardiology, ophthalmology, circumcision and X-ray services.	

Practice Opening Times	
Day	Time
Opening times and appointments available:	
Monday	8am – 6.30pm Shanklin House branch surgery was open until the later time of 8.30pm for extended hours
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm The Laurie Pike Health Centre was open until the later time of 8.30pm for extended hours
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
On Saturday's patients could also access appointments at Enki Medical Practice through the Modality Partnership's extended access service. These appointments ran from 9am to 1pm.	

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)	87.8%	91.3%	94.5%	Tending towards variation (negative)

Any additional evidence or comments

There had been a decline in satisfaction rates across some areas of the national GP patient survey since our last comprehensive inspection which took place in February 2019. For instance the percentage of respondents to the GP patient survey who stated that their needs were met at their last appointment, had decreased from 93.6% for the period of January/March 2018 to 87.8% for January/March 2019.

We discussed the survey results with some of the members of the management team during our inspection who advised that results were discussed during formal meetings.

Staff we spoke with expressed that the responses on the survey were likely to have stemmed from patients' frustrations and issues accessing the service around this time. The survey reflected a period of change when in January 2019 the practice had changed from operating a centralised call centre system to handling calls in-house, this change was implemented as a way to improve phone access for patients. Staff advised that both the practice and patients were having to adapt to the new phone system during this period.

Some of the actions implemented since our last inspection included further recruitment to the clinical team, including new GPs, a pharmacist and a musculoskeletal (MSK) practitioner. Staff were positive that these changes would help to improve patient experience and help to offer more assurance around meeting their needs.

Older people

Population group rating: Requires Improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice had a dedicated bypass phone number for care homes, district nurses, ambulance service and hospice to use to ensure prompt access to multidisciplinary working.
- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice offered a range of nurse-led clinics covering long term conditions such as asthma, diabetes and COPD (Chronic obstructive pulmonary disease). The practice also had monthly support from a diabetes specialist nurse.

- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice offered later appointments on a Monday, Wednesday and on Saturdays through the extended access service for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pregnant patients were able to access clinics with the midwife provided by the Sandwell and West Birmingham Hospitals NHS Trust as these were held at the Laurie Pike Health Centre.
- Children under the age of five were guaranteed a same day appointment with a GP and there was also a duty GP available for emergencies each day, for all other ages.
- The practice held a weekly baby clinic for immunisations and eight-week development checks. In addition, nurses would see children requiring immunisations in any routine appointment, encouraging uptake and offering flexibility to parents and carers.
- Young people could access services for sexual health and contraception.
- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

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 these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on a Monday at Shanklin House branch surgery and until 8.30pm at The Laurie Pike Health Centre on a Wednesday.
- On Saturday's patients could also access appointments at Enki Medical Practice through the Modality Partnership's extended access service. These appointments ran from 9am to 1pm.
- The practice offered telephone appointments to patients where consultations could be carried out over the phone. The service also offered online video consultations to their patients through Push Doctor.
- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- 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.
- Vulnerable patients also had access to emergency appointments if needed with the duty GP available each day.
- The practice was an accredited Veteran friendly practice and a Safe Surgery, reducing any barriers to patient registration.
- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice maintained a register of patients experiencing poor mental health, these patients were offered regular face to face reviews.
- Although we noted many changes implemented to improve access, in some areas patient satisfaction remained low with regards to access, particular for telephone access. This effects all population groups.

Timely access to the service

People were not always 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
Explanation of any answers and additional evidence: Results from the national GP patient survey showed a decline in patient satisfaction which indicated that patients were not always able to access care and treatment in a timely way. This was consistent with feedback on CQC comment cards and on the practices NHS webpage. The practices in-house survey showed improved satisfaction across areas such as experience of making an appointment and convenience of appointment times however telephone access appeared to be an ongoing issue.	

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)	18.0%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	21.7%	55.6%	67.4%	Significant Variation (negative)
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)	43.6%	58.3%	64.7%	Variation (negative)
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)	47.6%	64.7%	73.6%	Variation (negative)

Any additional evidence or comments
<p>We noted a decline in satisfaction rates on the national GP patient survey regarding access since our last comprehensive inspection which took place in February 2019. Some responses to the practices in-house surveys however were more positive. For example:</p> <p>The percentage of respondents to the national GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone had decreased from 30.2% for the period of January/March 2018 to 18% for January/March 2019.</p> <p>In response to this, staff we spoke with expressed that the January/March 2019 responses reflected a period of change where in January 2019 the practice had changed from operating a centralised call centre system and had bought this process in-house so that all calls were handled by the practice. Staff advised that both the practice and patients were having to adapt to the new phone system during this period.</p>

Results from the practices in-house survey in January/February 2020 showed that out of 96 participants, 40 had noticed an improvement in accessing the practice by phone since March 2019. Thirty five noted that they had not noticed an improvement and 20 were unsure, in addition some did not answer this question.

The practice had 10 phone lines with five operators in place however to further help with telephone demand, more staff were scheduled to cover phone lines during busy periods. In addition, other practices within the Modality group were able to 'pin-in' to the practices phone system to help with phone demand.

Satisfaction rates for overall experience of making an appointment had decreased from 47.3% for January/March 2018 to 21.7% for January/March 2019. The practices internal survey for October/November 2019 also highlighted that most participants described their experience of making an appointment as either somewhat or very difficult. However the most recent practice survey results for January/February 2020 showed improvement, where most of the 96 participants noted it was very or somewhat easy to make an appointment. Staff informed us that they offered twice the contractual amount of appointments each year to patients and that patients had access to a GP from 6am to 8pm throughout the week, including extended hours and weekend availability. To further improve patients experience of making an appointment the practice was promoting other ways of accessing the service such as through online appointments.

Those who were satisfied with the type of appointment offered had also reduced from 58.4% in January/March 2018 to 47.6% in January/March 2019. In addition, the percentage of respondents who were satisfied with their GP practice appointment times reduced from 53.7% for January/March 2018 to 43.6% in January/March 2019.

To increase the range of appointments and services available to patients, the practice had recruited a musculoskeletal (MSK) practitioner. This was in addition to the recruitment of more GPs and a pharmacist. The practice also carried out a self-care week during November/December to help educate patients about appointment types and other health services available, this included signposting to alternative options such as pharmacy care where appropriate. In addition, patients could access video consultations through the Push Doctor service. Members of the management team explained that this practice was one of the first practices within the Modality group to offer this service, which was introduced also to help with patient access. Staff noted that patients were responding positively to this service, and that approximately 40-60 consultations were carried out a week through this method.

Results from the practices in-house survey for January/February 2020 showed that more patients were now aware of the extended access and weekend appointment options. Most of the participants also said that their appointment time was convenient.

At the time of our inspection staff explained that ongoing work was underway to help educate patients around other appointment types available to them, for instance where appropriate patients were booked in with the Advanced Nurse Practitioners where a GP appointment was not necessary.

Responses to questions about overall experience of the practice were mostly positive on both the internal survey results for October/November 2019 and January/February 2020. The most recent results showed that most participants described the service as excellent, very good or good. In addition, 95% of those who participated in the most recent practice survey noted that they would recommend the practice to friends and family members.

Source	Feedback
CQC Comment Cards	The two comment cards noted that sometimes it was hard to access the practice by phone, with long periods of being placed on hold. Other comments noted difficulty in getting appointments in general.
Practices NHS Website	We noted that a majority of the comments made for the year so far were negative, highlighting issues accessing appointments and getting through to the practice by phone.
Interviews with patients	On this occasion patients did not wish to speak with us when we gave them the option to feed back to the inspection team during our inspection.

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.	33
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form in place which could be used to capture verbal and hand-written complaints. The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further. Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at various practice meetings.	

Examples of learning from complaints.

Complaint	Specific action taken
Complaint made regarding a delayed referral	The complaint was investigated, and staff were addressed regarding incorrect information given to the complainant and regarding the delayed referral which occurred due to the clinician's workload. An apology was provided to the patient with signposting to the Parliamentary and Health Service Ombudsman. The referral was made as a priority. The complaint was further reflected on during a practice meeting.
Complaint made regarding a delayed prescription	The complaint was investigated, and it was explained that the delay occurred due to staffing issues which had been

	resolved shortly after, this also included upskilling staff to ensure they were all aware of how to process repeat medicine requests for a GP to authorise. An apology was provided to the patient with signposting to the Parliamentary and Health Service Ombudsman. The complaint was further reflected on during a practice meeting.
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Well-led

Rating: Requires Improvement

At our previous comprehensive inspection in February 2019 we rated the practice as Requires Improvement for providing well-led services. The practice is still rated as requires improvement in this area. The practice did not always operate effective processes for identifying, managing and mitigating risks, we noted ongoing gaps in evidence to support this, at this inspection.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: N/A	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a clear set of values which outlined a commitment to working with compassion, openness, truth and honesty, accountability of own actions, respect for self and others and excellence through innovation and dedication. Conversations with staff demonstrated that their values and approach aligned with this.	

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
Explanation of any answers and additional evidence: The practice invested in staff support and incentive schemes which enabled staff to receive free counselling through an external organisation, the scheme also offered other perks such as free coffee vouchers.	

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

Source	Feedback
Conversations with staff	Staff we spoke with expressed that they were happy working at the practice and they described good team working in place. Staff said that they were confident to raise concerns and to make suggestions at work. Managers described a hard-working team and an open culture at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: N/A	

Managing risks, issues and performance

In some areas, the practice did not have effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	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:	
There had been some improvements with regards to infection prevention and control following our previous comprehensive inspection in February 2019 however there were also some ongoing gaps in areas. For instance, there were ongoing gaps in evidence of cleaning schedules and COSHH risk assessments for the branch practice at Shanklin House, there were gaps in the cleaning records for medical equipment and at this inspection there was no evidence of spill kits in place at the branch practice. In addition, action plans for the infection prevention and control audits at both sites contained ongoing issues with no assurance that they were being addressed.	

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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
Although in some areas patient satisfaction remained low, such as regarding phone access, in other areas the practice was able to demonstrate improved satisfaction around care, treatment and some areas of access. The practice carried out internal surveys and analysed data to monitor this. However, risk management in certain areas contained gaps.	

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: Patients could access video consultations through Push Doctor. This was a separately registered provider with the CQC and regulated by the CQC through its own registration. The practice's provider organisation, Modality, had a combined meeting once a month with Push Doctor to discuss significant events and complaints.	

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.	N
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: At the time of our previous comprehensive inspection in February 2019 we noted that patient participation group (PPG) meetings had lapsed and so the practice was planning to reinstate the PPG with the inclusion of the new practice patient services manager who was due to join the practice in April 2019. During this inspection members of the management team advised that some PPG meetings had taken place since our previous inspection and the group also met with another PPG from another practice within the Modality partnership to gauge how they worked, to further develop the PPG and to share ideas. The practice had also organised a Christmas event for PPG involvement however engagement and attendance were low. After further consideration, the practice had decided to fully reinstate their PPG so that it was more representative of their population and to spark more engagement as a group. During this inspection although an active PPG was not yet in place, we saw leaflets inviting patients to join the new group. Members of the management team explained that they had received a good level of responses so far and had also given previous members the chance to reapply. The new PPG was to have a set of terms developed and staff spoke of plans to get the group involved in things like exploring ways to help with access, pushing online access and promoting services such as Push Doctor's video consultations. The practice completed in-house satisfaction surveys as a way of monitoring patient experience and satisfaction rates. The practice also engaged staff and external partners in service delivery and improvement ideas through formal meetings, joint working and regular engagement.	

Feedback from Patient Participation Group.

Feedback

As the practice was in the process of reinstating their PPG we did not speak with any members of the group during this inspection.

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.	Y
Explanation of any answers and additional evidence: The practice were using the Future NHS system as a tool to centralise learning and policies. Learning was shared each month at the Clinical Governance Group and every two weeks at the Operational Management Team Meeting to allow for wider sharing of learning across the Modality Partnership, as an organisation. Through the Modality Clinical Governance Group (CCG) the practice could monitor performance across a range of indicators each month via the CGG Dashboards. Indicators included specific areas of the Quality Outcomes Framework (QOF), uptake of immunisation in certain areas and prescribing performance.	

Examples of continuous learning and improvement

The practice continued to host annual carers events in the practice, this followed the success of their carers events in 2018. This event focused on patients with dementia as well as those who were registered as carers. The practice promoted the event and set up information boards in the practice to help patients identify as carers, in addition to raising awareness of support options available to them.

The practice engaged with their local carers support organization, Forward Carers and Dementia information and support for carers (DISC), both organisations attended the event.

Carers were provided with a handbook at the event, a health check, screening for depression and signposting information to support services. Patients with dementia were also offered a health check, completion of their care plans and an assessment of any carers needs.

As a result of the 2019 event nine more carers were identified, 41 carers health checks were completed, 20 dementia care plans were completed and both DISC and Forward Carers received over 26 patient contacts and 16 new referrals to their services.

Feedback from those who attended the event was overall positive and the practice are planning to continue with these events moving forward.

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.